



FIRST THINGS FIRST

*Ready for School. Set for Life.*

# NEEDS AND ASSETS REPORT 2010



SALT RIVER PIMA-MARICOPA  
INDIAN COMMUNITY  
Regional Partnership Council



## SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

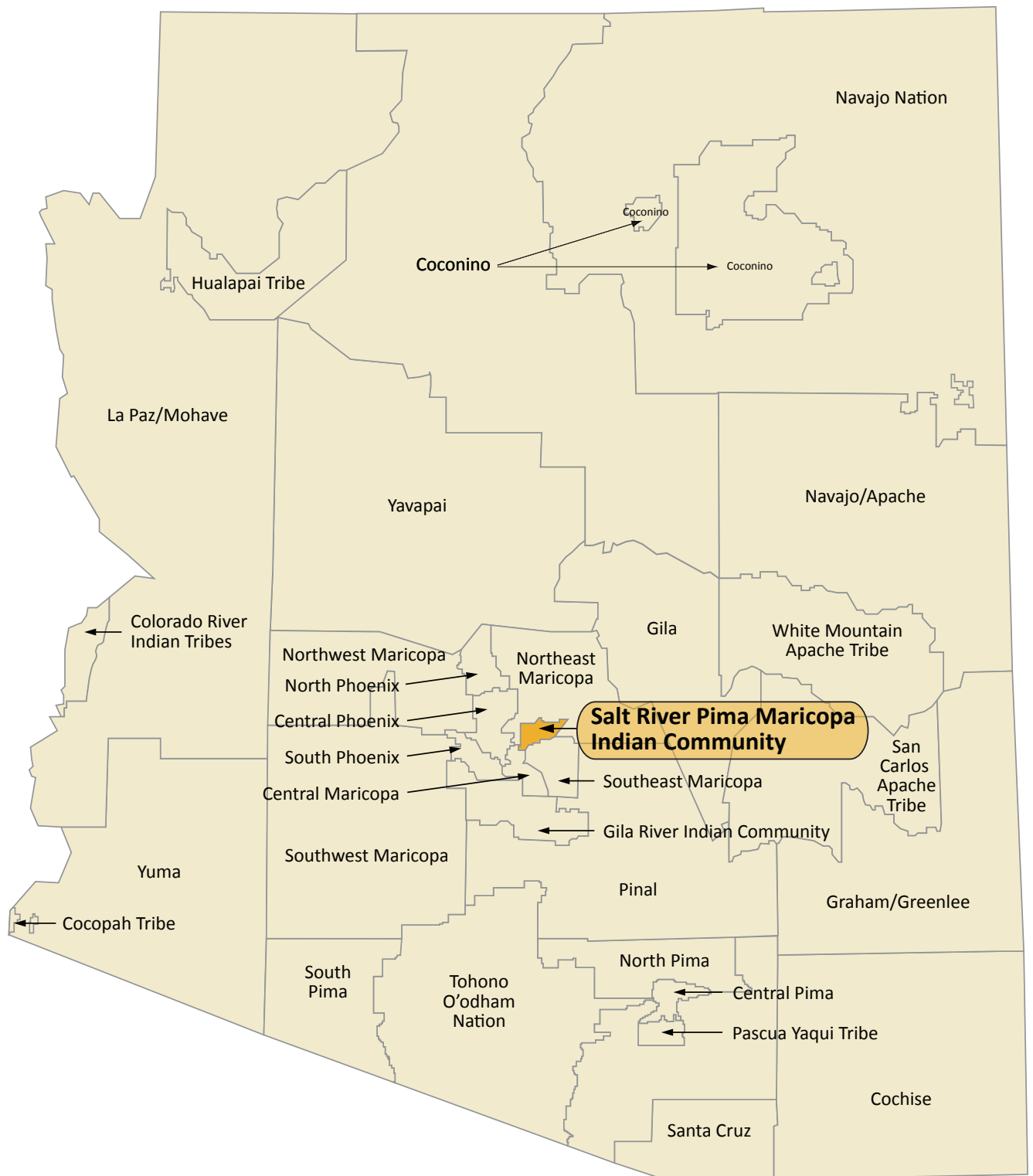
### Regional Partnership Council

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# Message from the Chair

October 22, 2010

Message from the Chair,

The past two years have been rewarding for the First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families.

The First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Salt River Pima-Maricopa Indian Community in 2008 and the new 2010 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Salt River Pima-Maricopa Indian Community Regional Council would like to thank our Needs and Assets vendors MGT of America, Inc., Children's Action Alliance, and EndVision Research and Evaluation for their knowledge, expertise, and analysis of the Salt River Pima-Maricopa Indian Community. The new report will help guide our decisions as we move forward for young children and their families within the Salt River Pima-Maricopa Indian Community.

Going forward, the First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens and throughout the entire State.

Thank you for your continued support.

Sincerely,

A handwritten signature in black ink, appearing to read "Toni Harvier".

Toni Harvier, Chair

Salt River Pima-Maricopa Indian Community Regional Partnership Council

# Introductory Summary and Acknowledgments

The way in which children develop from infancy to well functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of well-being of our communities, society and the State of Arizona.

This Needs and Assets Report for the Salt River Pima-Maricopa Indian Community geographic region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The Salt River Pima-Maricopa Indian Community Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the community. This report provides basic data points that will aid the Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

## **Acknowledgments:**

The First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Salt River Pima-Maricopa Indian Community Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the community. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the community and the entire State.

We also want to thank the state and tribal agencies for their contribution of data for this report.

# EXECUTIVE SUMMARY

In January 2010, MGT of America, Inc. (MGT), was awarded a contract by the Arizona Early Childhood Development and Health Board, also known as First Things First (FTF), to provide a Regional Needs and Assets Report for the Salt River Pima–Maricopa Indian Community (SRP-MIC). MGT teamed with Children’s Action Alliance and EndVision Research and Evaluation for this important engagement. The report synthesizes relevant community data to help inform the FTF Regional Council in decision-making.

## Methodology

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The methodology used to prepare the Regional Needs and Assets Report is described in this section.

The focus of the report is the collection and meaningful analysis of informative data indicators. The Needs and Assets Report includes an increased emphasis on the Council’s existing “assets,” that is, the institutions or organizations within the community that can be strengthened, expanded, and/or partnered with to support early childhood activities.

### Primary Data Collection

Local regional data have been of the utmost importance to the success of this project. The team collected qualitative primary data to reflect the personal views of regional participants and the unique features of the region.

The team used two methods of primary data collection as described below:

1. Web-based stakeholder surveys.
2. Community meeting input.

#### *Web-based Stakeholder Surveys*

The team worked closely with FTF staff and the Regional Coordinators and Managers to collect contact information from currently compiled lists of early care and development stakeholders in the community. The team supplemented these stakeholders with information obtained from key organizations, such as medical centers, school principals, food banks, libraries, and WIC centers.

FTF provided MGT with 2,360 e-mail addresses for early care and development stakeholders in Maricopa County. E-mails were sent to each contact seeking participation in the survey portion of this study. Respondents were asked to indicate the communities which they served, and many indicated that they serve communities across multiple regions.

The survey was initiated in April 2010 following revisions based on input from Regional Council Members. The surveys focused on qualitative data from stakeholders about early childhood needs and assets in their local community. Survey respondents were asked to provide information and/or data sources that would contribute further to the reports. Thirty-six respondents provided survey input about the SRP-MIC. Results of the survey are located in **Appendix A** of this report.



### *Community Meeting*

On May 6, 2010, FTF held a meeting in conjunction with the scheduled parent meeting at the SRP-MIC's Early Childhood Education Center. FTF representatives provided assistance and information about First Things First and provided parents with specific question topics. Parents were invited to share or write their thoughts, opinions, and questions regarding topics related to early childhood needs and assets in the community. There were twenty-six participants who provided feedback.

A summary of the responses is located in **Appendix B** of this report.

### **Secondary Data Collection and Analysis**

The team worked with FTF and other Arizona and national data sources for indicators in the Regional Needs and Assets Report template provided in the FTF solicitation. The team worked closely with Regional Coordinators and Managers to identify local sources of documented information. Examples of national and community sources included in this report are as follows:

- Arizona Department of Economic Security.
- Arizona Department of Health Services.
- Arizona Department of Education.
- United States Census Bureau.
- SRP-MIC Head Start.
- Arizona Community Colleges.
- Salt River Pima-Maricopa Indian Community.

## **Report Overview**

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The Salt River Pima–Maricopa Indian Community (SRP-MIC) is a small community with cultural strengths as well as many challenges.

The community has faced many economic challenges. In March 2010, the unemployment rate in the SRP-MIC was nearly twice the rate in Maricopa County – 16.7 percent compared to 8.7 percent. In June 2010, there were 2,360 people employed in the community. However, from January through June 2009, only 50 adults claimed unemployment insurance benefits – a number which seems very low compared to the unemployment rate. There were 104 children (age five and younger) in the community receiving Temporary Assistance for Needy Families (TANF) cash assistance in January 2010 – a 20 percent increase over 2007, slightly higher than the increase statewide. There was an average of 1.6 children per family receiving TANF in the community, greater than the 1.3 average statewide.

Babies born in the SRP-MIC are more likely to start out with risks compared to babies born in Maricopa County and other Native American communities in Arizona. Mothers are more likely to give birth in their teens, frequently have less than twelve years of education, are less likely to be married, and are less likely to receive adequate prenatal care. To illustrate, in 2008, 8 percent of births in the community were to mothers 17 and younger – a significant improvement over the 2005 rate, but twice the rate in Maricopa County. Another 11 percent of births were to mothers of age 18 or 19.



Half of the babies born in the community during 2008 had mothers with less than twelve years of education. This rate is very high compared to Maricopa County and other Native American communities in Arizona.

Between 2005 and 2008, there was a shift in the type of health insurance that paid for births in the community – the percentage paid for by Indian Health Services and private insurance grew, while the percentage paid by Arizona Health Care Cost Containment System (AHCCCS) dropped. This drop may have occurred because the SRP-MIC per capita payments to families moved them above the income level to qualify for AHCCCS. However, in 2008, the percentage of births paid for by AHCCCS was 70 percent – still quite high compared to Maricopa County and other Native American communities.

Eight out of 10 children who are assessed do not meet the literacy standard when they start kindergarten. About four out of 10 third graders attending school in the community did not meet the standard on the AIMS test in reading or math. Alternately, more than nine out of 10 children met or exceeded the writing standard.

The need for access to high quality, affordable childcare is strong. In 2010, there were seven group homes that were operated by SRP-MIC and certified by the state's Department of Health Services – the same number as in 2008. The Early Childhood Education Center serves about 250 children, including 100 children in Head Start preschool. Waiting lists for the Center are very long. A lack of childcare in the SRP-MIC is cited as a major barrier to employment for parents.

One area of great strength is child vaccination rates, which are substantially higher in the SRP-MIC than in Maricopa County or Arizona. This indicates the community's strength in the area of early childhood health. However, the state's Department of Health Services has identified the community as a Medically Underserved Area because the community has deficiencies in primary care resources and access.

Different sections of the online survey were completed by 12 to 35 respondents. Of those respondents, many said that childcare services are not meeting the needs of the community. They identified cost as the major barrier in childcare, and indicated that there is a lack of high quality childcare that provides services during alternative hours of operation. The top two answers for what should be the number one priority for future FTF funding were increasing the quality of early childhood development and health programs, and improving access to early childhood development and health programs. Alternately, most respondents said that child and family literacy services are meeting the needs of the community.

Eight survey respondents said that support for grandparents raising grandchildren and support and education for teen parents are missing in the community. Also, participants said that there are not enough services for children with special needs.

Community members value many assets in the community for young children and their families, including the Early Childhood Education Center (ECEC), culture and literacy programs, Family and Child Education (FACE), Even Start, Child Find, the Youth Services Early Enrichment program, the Children's Foundation, Head Start, Boys and Girls Club, and fitness and recreation programs. Community members noted the great benefits that FTF leadership has brought to the community, including collaboration and communication among existing services.

Community members also noted the need for expanding many services, including early childhood education, onsite health services, parent education and family support, and speech and occupational therapy.

# 1.0 Introduction

## 1.1 Overview of the Salt River Pima-Maricopa Indian Community

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The Salt River Pima-Maricopa Indian Community (SRP-MIC) is a sovereign tribe located in the metropolitan Phoenix area. Established by Executive Order on June 14, 1879, the Community operates as a full-service government and oversees departments, programs, projects, and facilities.

The SRP-MIC is located in Maricopa County and is bounded by the cities of Scottsdale, Tempe, Mesa, and Fountain Hills. The community encompasses 52,600 acres, with 19,000 held as a natural preserve. The majestic Red Mountain can be seen throughout the community and is located on the eastern boundary. The sight of the mountain symbolizes the home of the Pima and Maricopa people.

With two distinct backgrounds and cultures, the SRP-MIC is comprised of two Native American tribes: the Pima, “Akimel O’Odham” (River People) and the Maricopa, “Xalychidom Piipaash” (people who live toward the water). Today, more than 8,700 individuals are enrolled tribal members. Comprised of the President, Vice President, and seven elected Council members, the Community Council governs the SRP-MIC.

Approximately 12,000 acres are under cultivation in a variety of crops including cotton, melons, potatoes, onions, broccoli, and carrots. Commercial development is reserved along the community’s western boundary.

The SRP-MIC proudly owns and operates several successful enterprises, including Salt River Materials Group, Talking Stick Golf Club, Salt River Financial Services, Saddleback Communications, Salt River Devco, Casino Arizona at Salt River, Red Mountain Trap and Skeet, and Salt River Landfill.

## 1.2 Preliminary Analyses

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As part of the Needs and Assets data collection, the team reviewed multiple reports, databases, and environmental scans related to children and families in Maricopa County and in the community. This section presents highlights of information from the SRP-MIC, Early Childhood Education Center Community Assessment, 2007.

### 1.2.1 Assets

The section below describes assets in the SRP-MIC.

#### *Early Childhood Care and Education*

The Salt River Early Childhood Education Center (SRECEC) provides most of the early childhood resources available for the SRP-MIC and actively recruits families in the community who are most in need of free and reduced-cost services.

The community has a large population of children under the age of five, and the SRECEC is crucial for providing services to low-income families. The center provides comprehensive

early childhood educational and developmental services for over 200 children (age two weeks through five years old). The Head Start program is also housed in the SRECEC. It is funded through federal and tribal funds to provide preschool and child development services to 102 children (age three to five). There are numerous for-profit childcare centers within close proximity to the community, but parents must pay for these services. Those who meet income and other requirements are eligible to apply for subsidies offered through the Department of Economic Security to help pay for these childcare costs.

Apart from the SRP-MIC Schools, children who reside in the community are also eligible to enroll in Mesa Public Schools (MPS) located outside the community. MPS offers a broad range of services in which parents can choose the school that best meets their child's needs. The Salt River Elementary School (SRES) provides two after-school programs for community children in kindergarten through sixth grade.

### *Health/Medical*

The Salt River Clinic, which is part of Indian Health Service (IHS), is located in the SRP-MIC. It provides free services to all eligible Native Americans, including medical, dental, immunizations, women's health, pharmacy services, and genetic counseling. IHS, the Arizona Health Care Cost Containment System (AHCCCS), and employer-provided private insurance all provide health insurance to community members. Fifteen miles outside the community, the Phoenix Indian Medical Center (PIMC) provides specialized care and in-patient care for SRP-MIC members as well as for other nearby Native American communities. In addition to these resources, there are 10 hospitals located within 14 miles of the community.

Every child enrolled in Head Start receives healthcare screening and referral services. The SRECEC Head Start Center and SRP-MIC Child Find Program conduct early prevention and intervention services, screen every child in the ECEC, and refer them to the Arizona Early Intervention and Prevention Program (AZEIP) or Mesa Public Schools for further evaluation, family support, or education services when needed. Both programs are designed to identify disabilities and developmental needs early before the child enters kindergarten.

Nutrition (particularly in regards to a poor diet) is a top concern for the community, especially for families with young children. The SRECEC is working to raise awareness of the importance of a good diet and exercise from a young age. The SPARKS curriculum includes increased physical activity and healthier meal choices for preschool age students. The SRECEC also provides awareness about nutrition, meal planning, and cooking to families to combat childhood obesity. Nutrition is of great concern considering the kinds of disease and health problems that are prevalent with adult community members.

### *Community*

The SRP-MIC is striving to provide complete social services for their families. SRP-MIC Social Services, through a partnership with the DES, connects very poor families with Temporary Assistance to Needy Families (TANF). Additionally, food and clothing programs, general utility assistance, free parenting, and job-skills training are all offered through SRP-MIC social services.

Some child and family programming is available to community members outside the community. The Boys and Girls Club's Red Mountain branch in Scottsdale estimates that it serves over half of all school-age children in the SRP-MIC (age six to 12). The FACE family literacy program, located at the Salt River Elementary School, provides early childhood and adult education to promote literacy at every age. Forty-five families receive these services

annually through both home and center-based programs. For families struggling with behavioral health or substance abuse problems, the community's Child Protective and Behavioral Health Services help keep a child's early education as stable as possible, even if that child's home environment changes.

## 1.2.2 Needs

Although childcare and preschool services are available within the community, it is very limited and all programs have long wait-lists. Insufficient childcare is cited by community members as one of the major barriers to employment. In order for parents with young children to work, they need expanded childcare hours and flexibility. Additionally, the SRECEC is quickly outgrowing its facilities as the demand for its services increases. For example, even if there are teachers available to provide additional classes for Head Start, there is no space for these classes to be housed.

Native American children are eligible for medical services from IHS. The 2006 Community Needs Survey cited several needs for improved health services, including better specialty services, a larger clinic with more staff, more caregivers, and a 24-hour urgent care center. For children, major health concerns include childhood obesity, head lice, and asthma. Other health concerns include a high teen pregnancy rate, a lack of awareness of contraception techniques, and the high use of alcohol and methamphetamines within the community. Also, more counselors are needed for behavioral health to handle the large caseloads.

For children with special needs, there are many barriers to services, including a lack of transportation to evaluation centers, burdensome paperwork for screening, financial stress and mobility of parents, and a lack of follow-through from parents. Overall, the community needs more of the programs currently in place as well as parental training and coaching to support parents in getting services for their children.

## 1.3 Methodology

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The methodology used to prepare the Regional Needs and Assets Report is described in this section.

The focus of the report is the collection and meaningful analysis of informative data indicators. The Needs and Assets Report includes an emphasis on the Council's existing "assets," that is, the institutions or organizations within the community that can be strengthened, expanded, and/or partnered with to support early childhood activities.

### 1.3.1 Primary Data Collection and Analysis

Local regional data have been of the utmost importance to the success of this project. This information provides qualitative research to supplement the statistical data. The qualitative input provides insight and perspective about needs and assets in the community. It reflects the personal views of the individuals who participated.

The team used two methods of primary data collection as described below:

1. Web-based stakeholder surveys.
2. Community meeting input.

### *Web-based Stakeholder Surveys*

MGT of America, Inc. coordinated with First Things First staff and Regional Coordinators and Managers to develop the survey instruments and to collect survey respondent contact information. A master list of more than 4,000 potential respondents was created that consisted of early care and development stakeholders in each region. A draft survey was presented to two focus groups on March 25 and 26, 2010 during meetings that were accessible through teleconferencing and “Live Meeting” format. Input was synthesized and incorporated into the survey design and the final version was converted into a web-based application in late March and early April.

Pilot testing began in early April and the online survey was provided to all respondents on April 22, 2010. Some key features of the survey include the ability for respondents to provide information about multiple communities, edit responses as needed up until the final closing deadline, and review their survey completion status using a “completion matrix.” The survey period was extended for an additional week following a request for an extension. The survey period ended on May 25, 2010, and thirty-six respondents provided survey input about the SRP-MIC. Survey responses can be found in **Appendix A**.

### *Stakeholder Group Interviews*

On May 6, 2010, First Things First (FTF) held a meeting in conjunction with the scheduled parent meeting at the SRP-MIC’s Early Childhood Education Center. FTF representatives provided assistance and information about FTF and provided parents with specific question topics. Parents were invited to share or write their thoughts, opinions, and questions on topics related to early childhood needs and assets in the community. Twenty-six participants provided feedback.

A summary of the responses is located in **Appendix B** of this report.

## **1.3.2 Secondary Data Collection and Analysis**

The team worked with FTF and other Arizona and national data sources for indicators in the Regional Needs and Assets Report template provided in the FTF solicitation. The team worked closely with Regional Coordinators and Managers to identify local sources of documented information. Examples of national and regional sources included in this report are as follows:

- Arizona Department of Economic Security.
- Arizona Department of Health Services.
- Arizona Department of Education.
- United States Census Bureau.
- SRP-MIC Head Start.
- Salt River Pima-Maricopa Indian Community.

The majority of the data in this report comes from the Health Status Profile of American Indians in Arizona 2008 Data Book, published by the Arizona Department of Health Services. This report includes comparison data for residents living in the SRP-MIC, all residents of reservations in Arizona, and all Native Americans living off-reservations in Maricopa County. For many of the exhibits, the team collected data from the Arizona Department of Health Services vital statistics for all residents of Maricopa County for comparison purposes.

## 2.0 THE FAMILIES AND CHILDREN LIVING IN THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

This chapter presents data and analyses regarding families and children living in the community.

### 2.1 General Population Trends

**Exhibit 2-1** presents the number of tribally enrolled community members under the age of six in the SRP-MIC, but does not include all young children living in the community. Enrollment numbers depicted only include those children whose families submitted a complete application for enrollment that was approved by the Office of Membership Services using specific criteria as determined by the SRP-MIC. There are many additional children living in the community who are not tribally enrolled. As shown:

- The number of tribally enrolled children who are five years old (223) is more than double the number of children under one year old (99).
- The number of two year old children has grown by 30 percent since July 2008, while the total number of children age birth through five has grown by 5 percent.

#### EXHIBIT 2-1

##### TRIBALLY ENROLLED COMMUNITY MEMBERS BY AGE, 0-5 YEARS

AGE	NUMBER OF CHILDREN JULY 2008	NUMBER OF CHILDREN MARCH 2010	PERCENT CHANGE
0	95	99	4%
1	180	184	2%
2	168	218	30%
3	203	215	6%
4	228	217	-5%
5	227	223	-2%
<b>TOTAL</b>	<b>1,101</b>	<b>1,156</b>	<b>5%</b>

Source: SRP-MIC, Office of Membership Services.

**Exhibit 2-2** presents an analysis of the overall population growth in the community. As shown:

- The population increased by 20 percent from 2000 to 2007 in the SRP-MIC. Likewise, the population in Maricopa County increased by 26 percent and Arizona increased by 24 percent.

## EXHIBIT 2-2

### SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY POPULATION GROWTH, ALL AGES

AREA	2000	2007	PERCENT CHANGE
Salt River Pima-Maricopa Indian Community	6,355	8,383	20%
Maricopa County	3,072,149	3,880,181	26%
Arizona	5,130,632	6,338,755	24%
U.S.	281,421,906	301,621,157	7%

Source: SRP-MIC First Things First Needs and Assets Report, 2008.

**Exhibit 2-3** presents data relevant to the diversity of the population of community members in the SRP-MIC. As shown:

- In 2000, just over half of the residents were American Indian.
- Note that 28 percent of the residents are classified as “other.” Many of these are most likely of mixed race, including American Indian.
- Seventeen percent of the residents are Hispanic or Latino, compared to 25 percent in Maricopa County.
- Nineteen percent of the residents are White, non-Hispanic, compared to 78 percent of the residents of Maricopa County.

## EXHIBIT 2-3

### RACE/ETHNICITY CHARACTERISTICS, ALL AGES, 2000

AREA	WHITE NON-HISPANIC	HISPANIC OR LATINO	BLACK OR AFRICAN AMERICAN	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	OTHER
Salt River Pima-Maricopa Indian Community	19%	17%	<1%	53%	<1%	28%
Maricopa County	78%	25%	4%	2%	2%	15%

Source: Arizona Department of Health Services Primary Care Area Statistical Profile, 2008, based on the 2000 U.S. Census.



## 2.2 Additional Population Characteristics

**Exhibit 2-4** presents data regarding the age of mothers who gave birth in the SRP-MIC in 2005 and 2008.

- The total number of births in the SRP-MIC increased by more than 50 percent between 2005 and 2008, from 87 to 133 births. Maricopa County experienced only a slight increase in the number of births during this time, with 62,232 births in 2005 and 62,667 in 2008.
- Eight percent of births in the community in 2008 were to mothers 17 and younger – a significant improvement over 2005 but twice the rate in Maricopa County. Another 11 percent of births were to mothers aged 18 or 19.
- From 2005 to 2008, the percentage of mothers in the SRP-MIC who were between the ages of 20 and 29 when they gave birth increased by 25 percent. The percentages of mothers between 18 and 19 years old and mothers under 17 both decreased from 2005 to 2008 (42% and 40%, respectively).

### EXHIBIT 2-4

#### BIRTHS BY MATERNAL AGE

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	2005				2008				PERCENT CHANGE		
	TOTAL BIRTHS	MATERNAL AGE			TOTAL BIRTHS	MATERNAL AGE					
		<17	18-19	20-29		<17	18-19	20-29	<17	18-19	20-29
Salt River Pima-Maricopa Community	87	14%	20%	48%	133	8%	11%	60%	-40%	-42%	25%
TOTAL ON ALL RESERVATIONS IN ARIZONA	3,622	9%	11%	54%	4,095	8%	13%	56%	-12%	12%	4%
Off Reservation in Maricopa County	1,656	6%	11%	59%	1,633	5%	10%	60%	-17%	-15%	2%
TOTAL MARICOPA COUNTY	62,232	4%	7%	54%	62,667	4%	7%	53%	-3%	1%	-2%

Source: Health Status Profile of American Indians in Arizona: 2008 Data Book, Department of Health Services.

**Exhibit 2-5** presents data on the marital status of mothers in the SRP-MIC in 2005 and 2008.

- From 2005 to 2008, the percentage of births in the SRP-MIC to unmarried mothers increased by 12 percent, while the percentage of births to married mothers decreased by 26 percent. Maricopa County experienced a slight increase in the percentage of unmarried mothers from 2005 and 2008 (7%).
- The percentage of births in SRP-MIC to unmarried mothers was almost twice the rate in Maricopa County.

## EXHIBIT 2-5

## BIRTHS BY MARITAL STATUS

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	2005			2008			PERCENT CHANGE	
	TOTAL BIRTHS	MARITAL STATUS		TOTAL BIRTHS	MARITAL STATUS			
		MARRIED	UNMARRIED		MARRIED	UNMARRIED	MARRIED	UNMARRIED
Salt River Pima-Maricopa Community	87	17%	76%	133	13%	85%	-26%	12%
TOTAL ON ALL RESERVATIONS IN ARIZONA	3,622	22%	76%	4,095	20%	79%	-10%	4%
Off Reservation in Maricopa County	1,656	29%	70%	1,633	28%	70%	-2%	1%
TOTAL MARICOPA COUNTY	62,232	N/A	41%	62,667	N/A	44%	N/A	7%

Source: Health Status Profile of American Indians in Arizona: 2008 Data Book, Department of Health Services.

**Exhibit 2-6** presents data regarding the education level of mothers who gave birth from 2005 to 2008 in the SRP-MIC.

- From 2005 to 2008, the percentage of mothers who gave birth in the SRP-MIC who had an education level beyond a high school education increased by 29 percent, while mothers who gave birth and had less than a high school education decreased by 14 percent.
- Despite this improvement, half of the babies born in the community in 2008 had mothers with less than twelve years of education. This rate is very high compared to other Native American communities in Arizona and compared to Maricopa County.

## EXHIBIT 2-6

## BIRTHS BY EDUCATION OF MOTHER

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	2005			2008			PERCENT CHANGE	
	TOTAL BIRTHS	YEARS OF EDUCATION COMPLETED		TOTAL BIRTHS	YEARS OF EDUCATION COMPLETED			
		<12	≥12		<12	≥12	<12	≥12
Salt River Pima-Maricopa Community	87	57%	38%	133	50%	49%	-14%	29%
TOTAL ON ALL RESERVATIONS IN ARIZONA	3,622	34%	65%	4,095	33%	66%	-2%	1%
Off Reservation in Maricopa County	1,656	29%	71%	1,633	25%	75%	-16%	5%
TOTAL MARICOPA COUNTY	62,232	30%	69%	62,667	28%	71%	-8%	4%

Source: Health Status Profile of American Indians in Arizona: 2008 Data Book, Department of Health Services.

## Section Summary

The number of tribally enrolled young children has grown during the last couple of years, and the number of births in SRP-MIC has grown by 50 percent between 2005 and 2008. The percentage of births to unmarried mothers is high compared to other Native American communities and Maricopa County, and has been growing. Half of the babies born in the community in 2008 had mothers with less than 12 years of education – an improvement over 2005.

## 2.3 Economic Circumstances

**Exhibits 2-7** and **2-8** present data about unemployment rates that may create financial and emotional stress for families.

- From 2007 to 2009, the number of unemployment insurance claimants in Maricopa County, the SRP-MIC, and Arizona dramatically increased. .
- The SRP-MIC's unemployment rate doubled from 2005 to 2010, as it did for Maricopa County.
- In both 2005 and 2010, the unemployment rate in SRP-MIC was twice the county-wide rate.

### EXHIBIT 2-7

#### NUMBER OF INDIVIDUALS CLAIMING UNEMPLOYMENT INSURANCE

AREA	JANUARY-JUNE 2007	JANUARY-JUNE 2009	PERCENT CHANGE
Salt River Pima-Maricopa Indian Community	18	50	177.8%
Maricopa County	40,890	130,251	218.5%
Arizona	87,083	231,628	166.0%

Source: Arizona Department of Economic Security, 2007, 2009. DES Multidata data pulled May 4, 2010 Database. (Unpublished Data).

### EXHIBIT 2-8

#### UNEMPLOYMENT RATE

AREA	TOTAL EMPLOYED INDIVIDUALS MARCH 2010	UNEMPLOYMENT RATE MARCH 2005	UNEMPLOYMENT RATE MARCH 2010	UNEMPLOYMENT PERCENT CHANGE
Salt River Pima-Maricopa Indian Community	2,360	8.3%	16.7%	101.2%
Maricopa County	1,822,752	4.1%	8.7%	112.2%

Source: Arizona Department of Economic Security.

**Exhibit 2-9** presents data on the number of children who were homeless and living in transitional or emergency shelters in Maricopa County. The data includes children whose last permanent address was in the SRP-MIC.

- The number of homeless children within the SRP-MIC increased from one to three between 2009 and 2010.

### EXHIBIT 2-9

#### HOMELESS CHILDREN LIVING IN SHELTERS

AREA	HOMELESS CHILDREN (AGE 0 TO 5)		
	2007	2009	PERCENT CHANGE
Salt River Pima-Maricopa Indian Community	1	3	200%
Sum of FTF Maricopa Regions**	724	1,188	64.1%

Source: Maricopa Homeless Management Information System.

\*\*Includes all data reported for ZIP codes encompassed by Central Phoenix, South Phoenix, North Phoenix, Central Maricopa, Northeast Maricopa, Northwest Maricopa, Southeast Maricopa, SRP-MIC, and Southwest Maricopa FTF regions.

## Section Summary

The economic recession has taken a toll on families in the community. The unemployment rate in SRP-MIC doubled between 2005 and 2010, as it did countywide. In March 2010, 17 percent of adults in the community were unemployed compared to 9 percent countywide.

## 2.4 Educational Indicators

**Exhibits 2-10** and **2-11** show the academic achievement among schools in the community. As shown:

- More than four in 10 third graders attending school in the community did not meet the standard on the AIMS test in reading. This is significantly higher than the percentage statewide.
- Nearly three in 10 children failed to meet the writing standard; eight percentage points higher than the statewide rate.
- More than seven in 10 children met or exceeded the math standard, comparable to the statewide rate.
- Both four-year and five-year graduation rates increased between 2005 and 2009. Five-year graduation rates more than doubled.

### EXHIBIT 2-10

#### ARIZONA'S INSTRUMENT TO MEASURE STANDARDS (AIMS) SCORES FOR THIRD GRADERS IN THE SRP-MIC, 2009

THIRD GRADE	READING		WRITING		MATH	
	FAIL	PASS	FAIL	PASS	FAIL	PASS
Salt River Pima-Maricopa Indian Community	42%	58%	29%	68%	29%	71%
Arizona	28%	72%	21%	79%	28%	72%

Source: Mesa Public Schools SRP-MIC Tech Memo, 2009.

### EXHIBIT 2-11

#### HIGH SCHOOL GRADUATION RATES

GRADUATION RATES		
YEAR	4-YEAR GRADUATES	5-YEAR GRADUATES
2005	26%	27%
2006	21%	28%
2007	33%	34%
2008	42%	57%
2009	46%	59%

Source: SRP-MIC, Education Division, Research Office.

**Exhibit 2-12** presents data relevant to the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) assessment scores for children in kindergarten. Data illustrate students' readiness upon start of elementary school. As shown:

- The percentage of students at or above the standard at the beginning of the school year decreased from 20 percent in 2008-09 to 18 percent in 2009-10.

## EXHIBIT 2-12

### DYNAMIC INDICATORS OF BASIC EARLY LITERACY SKILLS (DIBELS) RESULTS, 2008-10

GRADE LEVEL	2008-09 (BEGINNING OF YEAR)			2009-10 (BEGINNING OF YEAR)		
	TOTAL NUMBER	BELOW STANDARD	AT OR ABOVE STANDARD	TOTAL NUMBER	BELOW STANDARD	AT OR ABOVE STANDARD
Grade K	60	80%	20%	67	82%	18%

Source: SRP-MIC-Research-First Things First: SRP-MIC Inform Database.

**Exhibit 2-13** presents data relevant to the highest level of education or training attained by adults in each household in the community. As shown:

- About 40 percent of all adults had attained a High School Diploma (1,024), while 408 adults had attained their GED.
- Nearly four out of 10 adults attained a college degree or successfully attended a vocational, certification, or apprentice program.

## EXHIBIT 2-13

### EDUCATION AND TRAINING BY HOUSEHOLD

EDUCATION/TRAINING	NUMBER OF ADULTS IN EACH HOUSEHOLD
None/No response	140
High School	1,024
GED	408
AA degree	186
BS degree	99
MS degree	15
PhD	4
Vocational training	267
Certification training	297
Apprentice program	94
<b>TOTAL</b>	<b>2,534</b>

Source: SRP-MIC, Community Needs Survey, 2006.

**Exhibit 2-14** presents data relevant to the types of needs for adult education for adults in each household. As shown:

- Financial planning, job finding skills, and job placement services were the top three needs identified by adults in the SRP-MIC, with almost 40 percent of the responses indicating that these were of the highest need.
- Less than one in 10 respondents indicated that GED preparation, career and education advisement, small business set up and support, and support for special needs adult jobs were high educational needs.

## EXHIBIT 2-14

### HIGH NEEDS FOR ADULT EDUCATION BY HOUSEHOLD

TYPE OF HIGH NEEDS	NUMBER OF ADULTS IN EACH HOUSEHOLD
Financial planning	274
Job finding skills	245
Job placement services	240
Information on educational and vocational opportunities	224
Resume writing	216
Referral for other educational related services	200
GED preparation	176
Career and education advisement	176
Small business set-up and support	172
Support for special needs adult jobs	114
<b>TOTAL</b>	<b>2,060</b>

Source: SRP-MIC, Community Needs Survey, 2006.

**Exhibit 2-15** presents data relevant to the types of frequent barriers experienced by adults when pursuing educational opportunities. As shown:

- The most frequent barriers to education that adults face are health problems and childcare needs.
- A lack of cultural understanding inside or outside the community was a barrier cited by 17 percent of the respondents.
- Other frequent barriers to education that adults identified include disability, attendance, adult care needs, and discrimination.

## EXHIBIT 2-15

## FREQUENT BARRIERS FOR ADULT EDUCATION BY HOUSEHOLD

IDENTIFIED AS A FREQUENT BARRIER FOR ADULT EDUCATION	NUMBER OF ADULTS IN EACH HOUSEHOLD
Health problems	208
Childcare needs	171
Transportation	168
Lack of cultural understanding outside the community	168
Disability	155
Attendance	154
Adult care needs	148
Discrimination	136
Lack of cultural understanding inside the community	133
No jobs in the area of interest	111
Learning problems (reading/writing)	87
Home responsibilities	83
Other	4
<b>TOTAL</b>	<b>1,728</b>

Source: SRP-MIC, Community Needs Survey, 2006.

### Section Summary

High school graduation rates in the community have shown improvement. More than eight out of 10 students who were assessed started kindergarten with literacy skills below the standard. A high number of third graders attending elementary school in the community do not meet the AIMS standard in reading or math, while most students meet or exceed the writing standard. The need for adult education for parents remains high.



## 3.0 THE EARLY CHILDHOOD SYSTEM IN THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

### 3.1 Early Care and Education

**Exhibit 3-1** shows data related to childcare providers in the Child Care Resource and Referral Program (CCR&R). The SRP-MIC Early Childhood Education Center is listed at a capacity of 260 children.

#### EXHIBIT 3-1

##### CHILD CARE RESOURCE AND REFERRAL SUMMARY STATISTICS

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	MAY 2010
Number of Centers	1
Total Capacity	260

Source: Association for Supportive Child Care, Child Care Resource and Referral.

**Exhibit 3-2** presents the availability of regulated childcare in the SRP-MIC. This exhibit displays the number of childcare providers that are regulated by the state. There are seven home-based childcare businesses with five to 10 children that are operated by the SRP-MIC and certified by the Arizona Department of Health Services (DHS), and called "childcare group homes."

There are no home-based childcare businesses with four or fewer children in the community that are certified by the Department of Economic Security (DES).

The SRP-MIC Early Childhood Education Center is operated by the tribal government.

#### EXHIBIT 3-2

##### NUMBER OF LICENSED/CERTIFIED CENTERS/HOMES

AREA	DHS LICENSED CENTERS	DES CERTIFIED HOMES	GROUP HOMES	TOTAL
Salt River 2008	-	-	7	7
Salt River 2010	-	-	7	7
2008-10 Change	-	-	0	0

Source: Arizona Department of Health Services, Child Care Resource and Referral, May 2010.

The SRP-MIC Early Childhood Education Center includes a Head Start preschool program with a funded enrollment of 102 students. During the 2008-09 school year, there were a total of 117 students enrolled at some point during the year. **Exhibit 3-3** shows a profile of these students. As shown, almost all of the students are American Indian, speak English at home, and have access to health services through Indian Health Services. One in four of the students are Hispanic, and 24 percent have an identified disability calling for special education services.

## EXHIBIT 3-3

## PROFILE OF EARLY CHILDHOOD EDUCATION CENTER ENROLLMENT, 2008-09

STUDENT CHARACTERISTICS	ENROLLMENT 2008-09
<b>TOTAL ENROLLMENT</b>	<b>117</b>
<b>ETHNICITY</b>	
Hispanic	30
Non-Hispanic	87
<b>Race</b>	
American Indian	115
Biracial or unspecified	2
<b>PRIMARY LANGUAGE AT HOME</b>	
English	100
Spanish	1
Unspecified	16
<b>HEALTH INSURANCE</b>	
Private Health Insurance	22
Indian Health Services	115
KidsCare	0
AHCCCS/Medicaid	0
Other state funded coverage	22
Uninsured	0
<b>DENTAL CARE</b>	
Continuous, accessible dental care	117
Professional dental exam in past year	88
Needing dental treatment	37
Received dental treatment	10
<b>DISABILITIES</b>	
Children with an Individualized Education Program for Special Education Services	28
Speech or Language Impairments	10
Other developmental delays	18

Source: SRP-MIC Early Childhood Education Center.

**Exhibit 3-4** presents data relevant to the qualifications of the staff at the Early Childhood Education Center. As shown:

- The mix of education levels did not change significantly between 2004 and 2007.
- A large number of teaching staff was added in 2008, most of whom did not have a degree.

## EXHIBIT 3-4

## EARLY CHILDHOOD EDUCATION CENTER MULTI YEAR STAFF QUALIFICATIONS, 2004-08

DEGREE TYPE	TEACHERS AND ASSISTANT TEACHERS				
	2004	2005	2006	2007	2008
AA	4	5	3	3	5
BA	2	2	1	1	5
Graduate	0	0	0	0	0
CDA	4	2	4	4	6
No Degree	6	13	4	6	18
<b>TOTAL</b>	<b>16</b>	<b>22</b>	<b>12</b>	<b>14</b>	<b>34</b>

Source: SRP-MIC First Things First Needs and Assets Report, 2008, and SRP-MIC Head Start PIR, 2008-09.

**Exhibit 3-5** presents data relevant to the education and certification programs available to childcare professionals in the SRP-MIC. As shown:

- There are various education and certification programs available to childcare professionals near the SRP-MIC and throughout Arizona.
- In addition to the degree types shown in Exhibit 3-5, Rio Salado Community College offers online coursework and a variety of certificates of completion and associate's degrees in early childhood education.

## EXHIBIT 3-5

## AVAILABLE EDUCATION AND CERTIFICATION PROGRAMS FOR CHILDCARE PROFESSIONALS

SCHOOL	DEGREE/CERTIFICATION
Scottsdale Community College	Certificate of Completion in Early Childhood Development
	Certificate of Completion in Infant/Toddler Development
	Associate of Applied Science in Early Childhood Development
	Associate in Transfer Partnership Degree with Northern Arizona University
Arizona State University - Tempe Campus	B.A.E. Early Childhood Education
	B.A.E. Early Childhood Teaching and Leadership
Northern Arizona University (online programs)	B.A.S. in Early Childhood Education
	M.Ed. in Early Childhood Education
Central Arizona College	CDA credits
	AAS Degree in Early Childhood Development
	AA Degree
Southwest Indian Polytechnical Institute	Transfer of credits to Central Arizona College, Scottsdale Community College
	AA Degree
Haskell University	BA Degree

Source: SRP-MIC First Things First Needs and Assets Report, 2008.

**Exhibit 3-6** indicates the average length of employment for childcare professionals in the SRP-MIC Early Childhood Education Center. As shown:

- Teachers are typically retained for two to four years, Assistant Teachers for one to three years, and Administrative Directors vary between two to three years and more than five years.

### EXHIBIT 3-6

#### AVERAGE LENGTH OF EMPLOYMENT FOR CHILDCARE PROFESSIONALS, 2008

PROFESSIONAL TITLE	LESS THAN 1 YEAR	1-2 YEARS	2-3 YEARS	3-4 YEARS	4-5 YEARS	MORE THAN 5 YEARS
Teachers	1	1	5	5	2	1
Assistant Teachers	3	5	5	1	N/A	N/A
Administrative Directors	N/A	1	2	1	1	2

Source: SRP-MIC First Things First Needs and Assets Report, 2008.

In spring 2010, MGT administered a web-based survey completed by early care and development stakeholders in the SRP-MIC. The survey was designed to identify the extent that community needs are being met, the effects of budget cuts on services, services that may be lacking, and barriers to services. Survey topics included childcare, education, literacy development, special needs, health services, and social services. **Appendix A** provides survey response rates for each survey item within each section of the survey. MGT also conducted a community meeting and personal interviews with residents of the SRP-MIC, which provided supplemental data to further explore the selected topics. Summaries of the community meeting and personal interviews can be found in **Appendix B**. A summary of the key survey findings directly related to early care and education is presented in this section of the report.

Respondents rated the extent to which services met the needs of their children (birth through age five) and their families (on a scale from Excellent to Very Poor) for four areas specifically related to early care and education. **Exhibit 3-7** shows the percentage of responses within the SRP-MIC that indicate needs were well met (provided a rating of Good to Excellent) and the percentage reporting that needs were not well met (provided a rating of Poor or Very Poor). Education needs were most poorly met in the areas of childcare and special needs services. Meeting and interview participants also reported childcare as a strong area of need.

### EXHIBIT 3-7

#### MEETING EARLY CARE AND EDUCATION NEEDS

SERVICE AREAS	GOOD TO EXCELLENT	POOR OR VERY POOR
Childcare	44.5%	44.5%
Educational Services	43.8%	25.0%
Child/Family Literacy Development	61.6%	15.4%
Special Needs	50.0%	42.8%

Source: Stakeholder survey responses, 2010.

Total number of responses ranged from 13 to 18 across areas.

### 3.1.1 Barriers

Survey respondents were also asked to select the single most important barrier to children and families receiving services. Community input noted that requirements for background checks and tribal enrollment create a barrier against families trying to access services. **Exhibit 3-8** shows the most frequent responses in the online survey.

#### EXHIBIT 3-8

##### SINGLE MOST IMPORTANT EARLY CARE AND EDUCATION BARRIERS

SERVICE AREAS	SINGLE MOST IMPORTANT BARRIER
Childcare	Cost (55.6%)
Educational Services	Not enough services (29.4%)
Child/Family Literacy Development	Awareness (38.5%)
Special Needs	Not enough services (50.0%)

Source: Stakeholder survey responses, 2010.  
Total number of responses ranged from 13 to 18 across areas.

### 3.1.2 Budget Cuts

Survey respondents rated the effect of budget cuts on early care and education services from having no impact to having a very high impact. Budget cuts were a significant factor within each educational service area surveyed. Depicted in **Exhibit 3-9**, budget cuts were reported to have the most substantial impact on childcare services.

#### EXHIBIT 3-9

##### IMPACT OF BUDGET CUTS ON EARLY CARE AND EDUCATION

SERVICE AREAS	HIGH/VERY HIGH IMPACT
Childcare	72.2%
Educational Services	52.9%
Child/Family Literacy Development Services	46.2%
Special Needs	57.1%

Source: Stakeholder survey responses, 2010.  
Total number of responses ranged from 13 to 18 across areas.

### 3.1.3 Missing Services

Survey respondents also indicated which early care and education services were missing from their community. Across the SRP-MIC, there are gaps in early care and education services. Shown in **Exhibit 3-10**, the most frequently cited missing service was high quality childcare services during alternative hours of operation.

## EXHIBIT 3-10

## MISSING EARLY CARE AND EDUCATION SERVICES

MISSING EARLY CARE AND EDUCATIONAL SERVICE AREAS	PERCENT MISSING
Early childhood literacy programs	33.3%
High quality childcare	41.7%
High quality childcare that provides alternative hours of operation	58.3%
Childcare subsidies	25.0%
Pre-Kindergarten	16.7%

Source: Stakeholder survey responses, 2010.

Total number of responses was 12.

Organizations providing leadership and services within the SRP-MIC serve as assets within the community. Survey participants identified assets in the form of key organizations that provide strong leadership within their community for providing early care and education services. These organizations are listed in **Exhibit 3-11**.

## EXHIBIT 3-11

## ORGANIZATIONS OFFERING STRONG LEADERSHIP WITHIN THE COMMUNITY IN THE AREA OF EARLY CARE AND EDUCATION SERVICES

Association for Supportive Child Care (ASCC)	Heaven Sent
AZA United	LIFE
AZAAP	Maricopa County
Blake Foundation	Raising Special Kids
Boys and Girls Club	Reach Out and Read
CCDF Pilot Certificate Program	SARRC
Central AZ College	SEEK
Child Find	Southwest Human Development
Children's Foundation	Special Quest to Child Find
Early Childhood Education Center	SRP-MIC Child Find Program
ECEC Health Services	SRP-MIC Early Head Start Program
Education Department	SRP-MIC Head Start Program
Even Start Program	SRP-MIC Health and Human Services Programs
FACE (Family And Child Education Program)	SRP-MIC Tribal Library
FACE Head Start Program	Temporary Assistance for Needy Families (TANF)
First Things First (FTF)	Valley of the Sun United Way
GED Program	WIC
Guthrie Mainstream	Youth Services Early Enrichment Program
H.O.P.E. Group	

Sources: Survey responses and Group Interview responses, 2010.

## Section Summary

The supply of childcare in the community remains very limited and is in high demand. Community input noted that cost is a huge barrier to families obtaining childcare in the community and high quality childcare, particularly during alternative hours, is missing.

## 3.2 Supporting Families

This section of the report displays information about children and families receiving a variety of support services.

**Exhibit 3-12** shows data regarding the living situations of children from low-income families.

- From January 2007 to January 2010, the number of children (birth to five years) receiving Temporary Assistance for Needy Families (TANF) in the SRP-MIC increased by almost 20 percent (19.5%), compared to a 14 percent increase statewide.

### EXHIBIT 3-12

#### TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

AREA	CHILDREN (AGE 0 – 5)			FAMILIES WITH CHILDREN (AGE 0 – 5)		
	JANUARY 2007	JANUARY 2010	PERCENT CHANGE	JANUARY 2007	JANUARY 2010	PERCENT CHANGE
Salt River Pima-Maricopa Indian Community	87	104	19.5%	52	65	25.0%
Arizona	20,867	23,866	14.3%	16,511	18,129	9.8%

Source: Arizona Department of Economic Security, 2007, 2009. DES Multidata pulled on May 4, 2010 from Database (Unpublished Data).

**Exhibit 3-13** shows the number of children and families who qualify for and receive childcare assistance. The assistance, which functions like a voucher, is available to parents with children (12 years and younger) who need childcare and meet certain income requirements. Parents can use the voucher to pay for any childcare service they choose. Parents have to pay an amount in addition to the voucher which depends on their income and the childcare service used. The value of the voucher, however, is still based on the actual costs of childcare in 2000, so parents and providers have to pay to make up the difference. Since February 2009, no qualified, low-income parents have been able to sign up for the subsidy because of budget cuts. This has led to a 38 percent decrease in the number of children receiving assistance statewide between 2007 and 2010. As shown:

- The number of SRP-MIC children receiving assistance is extremely low and decreased from 22 in 2009 to 13 in 2010.

### EXHIBIT 3-13

#### CHILD CARE ASSISTANCE

AREA	JANUARY 2009				JANUARY 2010			
	NUMBER OF FAMILIES ELIGIBLE	NUMBER OF CHILDREN ELIGIBLE	NUMBER OF FAMILIES WHO RECEIVED ASSISTANCE	NUMBER OF CHILDREN WHO RECEIVED ASSISTANCE	NUMBER OF FAMILIES ELIGIBLE	NUMBER OF CHILDREN ELIGIBLE	NUMBER OF FAMILIES WHO RECEIVED ASSISTANCE	NUMBER OF CHILDREN WHO RECEIVED ASSISTANCE
Salt River Pima-Maricopa Indian Community	21	28	16	22	12	15	10	13
Arizona	26,257	38,126	21,377	29,089	15,833	23,244	13,014	17,891

Source: Arizona Department of Economic Security, 2007, 2009. DES Multidata pulled on May 4, 2010 from Database (Unpublished Data).



**Exhibit 3-14** presents the percentage of women enrolled in the Women, Infants, and Children (WIC) program in July 2008 by trimester. As shown:

- In the SRP-MIC, only 25 percent of women enrolled in WIC during their first trimester. Slightly more than 40 percent of women in the SRP-MIC enrolled in WIC during their second trimester, which is higher than the national WIC enrollment of 33.4 percent. During the third trimester, 33.6 percent of women in SRP-MIC enrolled in the WIC program, while only 0.8 percent enrolled postpartum.

## EXHIBIT 3-14

### WIC ENROLLMENT, 2008

AREA	1ST TRIMESTER	2ND TRIMESTER	3RD TRIMESTER	POSTPARTUM
Salt River Pima-Maricopa Indian Community	25.2%	40.3%	33.6%	0.8%
United States	32.0%	33.4%	17.7%	17.0%

Source: Salt River Pima-Maricopa Indian Community, WIC Program, Maternal and Child Health Profile, July 2008.

**Exhibit 3-15** depicts the number of children removed from their homes versus foster home availability through Child Protective Services at the Arizona Department of Economic Security. This exhibit does not include children removed from their homes and placed in foster care through SRP-MIC Social Services. As shown:

- Overall, the SRP-MIC had few children removed from their homes and placed in foster care by the state's Child Protective Services. Two out of the four children who were removed in 2009 were placed with relatives. The other two children were placed in foster homes outside of the community.

## EXHIBIT 3-15

### AVAILABILITY OF FOSTER HOME PLACEMENTS AS RELATED TO CHILD REMOVALS IN THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY, 2009

ZIP CODE	NUMBER OF REMOVALS	NUMBER OF FOSTER HOMES	NUMBER OF REMOVALS (EXCLUDING CHILDREN PLACED WITH RELATIVES)	DIFFERENCE BETWEEN FOSTER HOMES AND REMOVALS (EXCLUDING CHILDREN PLACED WITH RELATIVES)
85256	4	0	2	-2
85264	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>-2</b>

Source: Arizona Department of Economic Security, 2007, 2009. DES Multidata data pulled May 4, 2010 Database (Unpublished Data).

**Exhibit 3-16** presents data relevant to the literacy services available to children in the SRP-MIC. As shown:

- There are several different literacy programs available to children, ranging from daily readings to professional literacy development services.

## EXHIBIT 3-16

## SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY LITERACY EFFORTS

SRP-MIC TRIBAL LIBRARY	REGULAR LITERACY ACTIVITIES
SRP-MIC Even Start Program	Family literacy program providing adult, parenting, and childhood education, as well as home visits that emphasize improving literacy
FACE Program	Enrolled children receive a book monthly from the Imagination Library and daily reading with children
Early Childhood Education Center	Daily reading to children
SRP-MIC Schools	Participation in the Arizona Department of Education Professional Development Leadership Academy with increasing literacy of students in PK-12th grade as a professional development goal across the system

Source: SRP-MIC First Things First Needs and Assets Report, 2008.

A summary of the key survey findings related to family support services is presented in this section of the report. Survey respondents rated (on a scale from Excellent to Very Poor) the extent to which family support services met the needs of their children (birth through age five) and their families for three related family support areas. **Exhibit 3-17** shows the percentage of responses within the SRP-MIC that indicates needs were well met (provided a rating of Good to Excellent) and the percentage that indicates needs were not well met (provided a rating of Poor or Very Poor).

## EXHIBIT 3-17

## MEETING NEEDS FOR FAMILY SUPPORT

SERVICE AREAS	GOOD TO EXCELLENT	POOR TO VERY POOR
Parenting Support/Education	45.0%	25.0%
Child/Family Literacy Development	61.6%	15.4%
Social Services	35.7%	28.5%

Source: Stakeholder survey responses, 2010.

Total number of responses ranged from 14 to 20 across areas.

## 3.2.1 Barriers

Survey respondents were also asked to select the single most important barrier to families receiving support services. The most important barriers reported for family support services included awareness of services and not having enough services. **Exhibit 3-18** shows the most frequent responses.

## EXHIBIT 3-18

## SINGLE MOST IMPORTANT BARRIER TO FAMILY SUPPORT SERVICES

SERVICE AREAS	SINGLE MOST IMPORTANT BARRIER
Parenting Support/Education	Awareness (50.0%)
Child/Family Literacy Development	Awareness (38.5%)
Social Services	Not enough services (35.7%)

Source: Stakeholder survey responses, 2010.

Total number of responses ranged from 14 to 20 across areas.

### 3.2.2 Budget Cuts

Survey respondents rated the effect of budget cuts on family support services from having no impact to having a very high impact. Budget cuts were a significant factor within each family support area surveyed. Shown in **Exhibit 3-19**, budget cuts were reported to have the most substantial impact on social services.

#### EXHIBIT 3-19

##### IMPACT OF BUDGET CUTS ON FAMILY SUPPORT SERVICES

SERVICE AREAS	HIGH/VERY HIGH IMPACT
Parenting Support/Education	40.0%
Child/Family Literacy Development	46.2%
Social Services	57.1%

Source: Stakeholder survey responses, 2010.

Total number of responses ranged from 14 to 20 across areas.

### 3.2.3 Missing Services

Survey respondents also indicated which family support services were missing from their community. Across the SRP-MIC, there are gaps in family support services according to respondents, as shown in **Exhibit 3-20**. Group participants mentioned other missing services, such as parenting skills and tips, cultural preservation, drug education, and one-on-one parenting classes.

#### EXHIBIT 3-20

##### MISSING FAMILY SUPPORT SERVICES

MISSING FAMILY SUPPORT SERVICE AREAS	PERCENT MISSING
Support for grandparents raising grandchildren	66.7%
Parent coaching/education	50.0%
Support and education programs for parent and parenting teens	66.7%
Accessibility to resources that support families with young children	41.7%

Source: Stakeholder survey responses, 2010.

Total number of responses was 12.

Organizations providing leadership and services within the SRP-MIC serve as assets within the community. Survey participants identified assets in the form of key organizations that provide strong leadership within their community for providing family support services. These organizations are those included in **Exhibit 3-21**.

## EXHIBIT 3-21

## ORGANIZATIONS OFFERING STRONG LEADERSHIP WITHIN THE COMMUNITY IN THE AREA OF FAMILY SUPPORT SERVICES

Association for Supportive Child Care (ASCC)	PAFCO
Early Childhood Education Center (including Head Start)	Raising Special Kids
Early Enrichment Program	SARRC
Even Start	Social Services Parenting Class
FACE (Family And Child Education Program)	Southwest Human Development
Family Advocacy at ECEC	SRP-MIC Health and Human Services Social Services
First Things First (FTF)	Teen Parent Education Program
GALA	Tribal Library
Infant teacher for high school parents	Valley of the Sun United Way
Maricopa County	

Source: Stakeholder survey and interview responses, 2010.

### Section Summary

The data show very limited numbers of children and families participating in family support services provided by the state of Arizona. This information does not include family support provided by SRP-MIC Social Services. Respondents to the online survey noted, in particular, the need for support for teen parents and grandparents raising their grandchildren.

## 3.3 Health

Additional information from the 2008 Arizona Health Survey is available in Appendix C. This survey was completed by St. Luke's Health Initiatives and is an additional informative tool for decision-makers.

**Exhibit 3-22** shows data regarding the source of payment used for births in the SRP-MIC from 2005 to 2008.

- In SRP-MIC, the percentage of births paid for by IHS and private insurance grew, while the percent paid by AHCCCS dropped. It is possible the drop in AHCCCS payments was due to fewer mothers being eligible for AHCCCS coverage because their incomes were boosted by the per capita Tribal payments.
- In 2008, the percentage of births paid by AHCCCS was 70 percent – still quite high compared to other Indian communities and Maricopa County.
- From 2005 to 2008, both Maricopa County and the SRP-MIC experienced a decrease in the percentage of births that were paid by the mother or parents themselves.

## EXHIBIT 3-22

## SOURCE OF PAYMENT FOR BIRTHS

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	2005					2008					PERCENT CHANGE			
	TOTAL BIRTHS	SOURCE OF PAYMENT				TOTAL BIRTHS	SOURCE OF PAYMENT				AHCCCS	IHS	PRIVATE	SELF
		AHCCCS	IHS	PRIVATE	SELF		AHCCCS	IHS	PRIVATE	SELF				
Salt River Pima-Maricopa Community	87	75%	7%	13%	5%	133	70%	13%	17%	1%	-6%	85%	31%	-84%
Total on all Reservations in Arizona	3,622	48%	38%	7%	1%	4,095	53%	36%	8%	1%	9%	-3%	10%	-49%
Off Reservation in Maricopa County	1,656	66%	10%	22%	1%	1,633	63%	11%	24%	1%	-3%	10%	8%	-37%
<b>TOTAL MARICOPA COUNTY</b>	<b>62,232</b>	<b>52%</b>	<b>0.3%</b>	<b>45%</b>	<b>3%</b>	<b>62,667</b>	<b>53%</b>	<b>0.4%</b>	<b>44%</b>	<b>2%</b>	<b>2%</b>	<b>25%</b>	<b>-2%</b>	<b>-7%</b>

Source: Health Status Profile of American Indians in Arizona: 2008 Data Book, Department of Health Services.

**Exhibits 3-23** shows data regarding the number of prenatal care visits for pregnant women in the SRP-MIC. Fewer than five prenatal visits are considered inadequate prenatal care. As shown:

- From 2005 to 2008, the percentage of pregnant women who had between zero to four prenatal care visits decreased by 10 percent, while pregnant women who had more than five prenatal care visits increased by 3 percent.
- The rate of adequate prenatal visits in SRP-MIC is significantly lower than the rate countywide.

## EXHIBIT 3-23

## PRENATAL VISITS

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	2005			2008			PERCENT CHANGE (2005-08)	
	NUMBER OF BIRTHS	PRENATAL CARE		NUMBER OF BIRTHS	PRENATAL CARE		0-4 VISITS	5+ VISITS
		0-4 VISITS	5+ VISITS		0-4 VISITS	5+ VISITS		
Salt River Pima-Maricopa Community	87	22%	78%	133	20%	80%	-10%	3%
Total on all Reservations in Arizona	3,622	15%	85%	4,095	14%	86%	-8%	1%
Off Reservation in Maricopa County	1,656	9%	91%	1,633	10%	90%	13%	-1%
<b>TOTAL MARICOPA COUNTY</b>	<b>62,232</b>	<b>5%</b>	<b>95%</b>	<b>62,667</b>	<b>4%</b>	<b>96%</b>	<b>-21%</b>	<b>1%</b>

Source: Health Status Profile of American Indians in Arizona: 2008 Data Book, Department of Health Services.

**Exhibit 3-24** presents data on the number of visits to the SRP-MIC Health Clinic taken by residents from 2007 to 2009. As shown:

- From 2007 to 2009, the number of prenatal visits and patients decreased.
- The number of young child visits and patients also decreased.

## EXHIBIT 3-24

### HEALTH CLINIC VISITS

<b>SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>PERCENT CHANGE</b>
Prenatal Visits	544	403	426	-21.7%
Prenatal Patients	138	119	120	-13.0%
Visits for Children (0-5)	1,090	945	1,058	-2.9%
Patients (0-5)	492	434	468	-4.9%

Source: SRP-MIC Health Clinic, Indian Health Services, 2010.

Note: The visits for children (birth to age five) include well-child checks, oral health checks, immunizations, and developmental screenings.

**Exhibit 3-25** presents data relevant to the number of babies born with low birth weight. As shown:

- The number and percent of low birth weight babies in the community increased substantially between 2005 and 2008.
- The low birth weight rate in SRP-MIC is above the rate for Maricopa County and other Native American communities in Arizona.

## EXHIBIT 3-25

### LOW BIRTH WEIGHT

<b>AREA</b>	<b>2005</b>		<b>2008</b>		<b>PERCENT CHANGE 2005-2008</b>
	<b>TOTAL BIRTHS</b>	<b>LOW BIRTH WEIGHT**</b>	<b>TOTAL BIRTHS</b>	<b>LOW BIRTH WEIGHT**</b>	<b>LOW BIRTH WEIGHT**</b>
Salt River Pima-Maricopa Indian Community	87	4.6%	133	8.3%	80%
Total on all Reservations in Arizona	3,622	6.8%	4,095	7.0%	2%
Off-Reservation in Maricopa County	1,656	6.9%	1,633	6.6%	-4%
<b>TOTAL IN MARICOPA COUNTY</b>	<b>62,232</b>	<b>6.8%</b>	<b>62,667</b>	<b>7.0%</b>	<b>2%</b>

Source: Health Status Profile of American Indians in Arizona: 2008 Data Book, Department of Health Services.

\*\*per 1,000 births

**Exhibit 3-26** presents data relevant to the infant mortality rate. As shown:

- In 2005, there were no infant deaths in the community; in 2008, there was one.

## EXHIBIT 3-26

### INFANT MORTALITY

AREA	TOTAL BIRTHS	2005	TOTAL BIRTHS	2008	PERCENT CHANGE 2005-2008
		INFANT DEATHS		INFANT DEATHS	INFANT DEATHS
Salt River Pima-Maricopa Indian Community	87	0%	133	7.5%	N/A
<b>TOTAL ON ALL RESERVATIONS IN ARIZONA</b>	<b>3,622</b>	<b>8.3%</b>	<b>4,095</b>	<b>8.3%</b>	<b>0%</b>
Off-Reservation in Maricopa County	1,656	6.6%	1,633	6.1%	-8%
<b>TOTAL IN MARICOPA COUNTY</b>	<b>62,232</b>	<b>6.2%</b>	<b>62,667</b>	<b>6.1%</b>	<b>-1%</b>

Source: Health Status Profile of American Indians in Arizona: 2008 Data Book, Department of Health Services.

N/A: Due to the constraints of dividing by zero, this data are unavailable.

**Exhibits 3-27** and **3-28** show data regarding immunizations. As shown:

- Vaccination rates are significantly higher in the SRP-MIC than in Maricopa County or Arizona. The rates are much higher than any other FTF region in Maricopa County.
- Overall, immunization rates in the community dropped between 2005 and 2009. However, there was a significant increase in the immunization rates with the pneumococcal conjugate vaccine to prevent blood infections, meningitis, and ear infections in young children.



## EXHIBIT 3-27

## IMMUNIZATION RECORDS

AREA	VACCINATIONS 12-24 MONTHS (3:2:2:2)		
	2005	2009	PERCENT CHANGE
Salt River Pima-Maricopa Indian Community	85%	76%	-11%
Maricopa County	68%	65%	-4%
Arizona	70%	67%	-6%
United States	73%	68%	-7%
AREA	VACCINATIONS 19-35 MONTHS (4:3:1:3:3:1)		
	2005	2009	PERCENT CHANGE
Salt River Pima-Maricopa Indian Community	66%	65%	-2%
Maricopa County	43%	39%	-7%
Arizona	46%	42%	-8%
United States	75%	72%	-4%
AREA	VACCINATIONS 19-35 MONTHS (4:3:1:3:3:1:4)		
	2005	2009	PERCENT CHANGE
Salt River Pima-Maricopa Indian Community	55%	60%	10%
Maricopa County	23%	35%	54%
Arizona	26%	38%	48%
United States	N/A	65%	N/A

Source: Arizona Department of Health Services, 2005, 2007, 2009. Arizona State Immunization Information System Data Base (ASIIIS) data pulled on May 4, 2010 (Unpublished Data).

Notes: CDC data is from July 2005 to June 2006 and July 2008 to June 2009. CDC data covers all vaccinations 24 months and prior. The smallest rate of vaccinations was used as the U.S. rate.

3:2:2:2 is 3 DTaP, 2 Polio, 2 Hib, and 2 Hepatitis B vaccines.

4:3:1:3:3:1 includes 4 doses diphtheria and tetanus toxoids and acellular pertussis vaccines, 3 doses poliovirus vaccine, 1 dose measles, mumps, and rubella vaccine, 3 doses Haemophilus influenzae type B vaccine, 3 doses hepatitis B vaccine, 1 dose varicella.

4:3:1:3:3:1:4 is 4:3:1:3:3:1: plus ≥4 doses of pneumococcal conjugate vaccine.

N/A indicates that the data were not available.

## EXHIBIT 3-28

## TOTAL NUMBER OF CHILDREN RECEIVING IMMUNIZATIONS (UNDER FIVE)

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	2005	2006	2007
All children (0-5 years) of Salt River Pima-Maricopa Tribe	334	331	467
All children (0-5 years) living in either Salt River or Lehi communities	122	187	191

Source: Office of the Coordinator, SRP-MIC, 2008.

**Exhibit 3-29** shows information related to screenings for at-risk children. As shown:

- From 2006 to 2009, the number of children served by the Arizona Early Intervention Program (AZEIP) in the SRP-MIC increased from three to four. The number of children served by AZEIP also increased for Arizona.

### EXHIBIT 3-29

#### ARIZONA EARLY INTERVENTION PROGRAM (AZEIP)

#### DEVELOPMENTAL SCREENINGS AND SERVICES TO CHILDREN WITH DISABILITIES/AT-RISK FOR DISABILITIES

AREA	AZEIP COUNTS		PERCENT CHANGE
	2006-07	2008-09	2007-09
Salt River Pima-Maricopa Indian Community	3	4	33.3%
Arizona	3,450	5,078	47.2%

Source: Arizona Department of Economic Security, 2007, 2009. DES Multidata pulled on May 4, 2010 from Database (Unpublished Data).

**Exhibits 3-30 and 3-31** show data regarding oral healthcare for children. As shown:

- The majority of children (under five) in FTF tribal regions had regular visits with the same dental provider.
- Fifty-six percent of parents in the FTF tribal regions drive 10 miles or less for their child's dental care.

### EXHIBIT 3-30

#### ORAL HEALTH CARE FOR CHILDREN (AGE 0-5)

MY CHILD/CHILDREN (AGE FIVE AND UNDER) HAVE REGULAR VISITS WITH THE SAME DENTAL PROVIDER.	TRIBAL REGIONS COMBINED	STATEWIDE	DIFFERENCE
Strongly agree	52.5%	62.5%	-16.0%
Somewhat agree	16.9%	9.1%	84.9%
Somewhat disagree	8.9%	5.6%	60.7%
Strongly disagree	16.3%	13.1%	24.4%
Not sure	5.4%	9.8%	-44.3%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0%</b>
HOW MANY MILES DO YOU HAVE TO GO TO GET DENTAL CARE FOR YOUR CHILDREN (AGE FIVE AND UNDER)?	TRIBAL REGIONS COMBINED	STATEWIDE	DIFFERENCE
Less than 5 miles	41.1%	39.8%	3.3%
5-10 miles	14.9%	23.6%	-36.6%
10-20 miles	12.9%	13.5%	-4.3%
More than 20 miles	24.7%	12.8%	92.4%
None available	6.4%	10.3%	-38.3%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0%</b>

Source: First Things First: Medical Questions, FY 2008. Community Survey in Database (Unpublished Data).

## EXHIBIT 3-31

## TOTAL NUMBER OF CHILDREN (UNDER FIVE) RECEIVING ORAL HEALTH CHECKS IN THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	2005	2006	2007	TOTAL (2005-07):
All children 0-5 of Salt River Pima-Maricopa tribe seen in dental clinic	34	68	138	240
All children 0-5 seen in dental clinic (PIMC and SR clinics) (any tribe)	240	462	987	1,689
All children 0-5 seen in dental clinic at Salt River clinic	31	58	121	210
<b>TOTAL NUMBER OF CHILDREN WHO RECEIVED ORAL HEALTH CHECKS</b>	<b>305</b>	<b>588</b>	<b>1,246</b>	<b>2,139</b>

Source: Office of the Coordinator, SRP-MIC, 2008.

**Exhibits 3-32 and 3-33** present data regarding the number of children screened for developmental delays in the SRP-MIC. As shown:

- From 2005 to 2007, the number of children (birth to age five) who received a developmental screening in the SRP-MIC increased. Likewise, the number of prenatal care patient visits increased.
- From December 2009 to May 2010, a total of 35 children (birth to age five) were screened in the SRP-MIC. The majority of children screened during this period were two years old (11 children), followed by one year olds (eight children) and children less than one year old (seven children).

## EXHIBIT 3-32

## NUMBER OF CHILDREN (AGE 0-5) RECEIVING DEVELOPMENTAL SCREENING, 2005-07

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	2005	2006	2007
Number of patient visits at SRC and PIMC for well-child check of children (0-5 years) of Salt River Pima/Maricopa tribe	201	280	342
Total number of patient visits to dental clinics SRC & PIMC for children (0-5 years) of Salt River Pima/Maricopa tribe*	34	68	138
Total number patient visits for immunizations for children (0-5 years) of Salt River Pima/Maricopa tribe	334	331	467
Total number of children (0-5 years) receiving developmental screening	-	-	-
Total number of prenatal care patient visits of women of Salt River Pima/Maricopa tribe	211	201	645

Source: Salt River Clinic, E. Joyce Helmuth, Pediatrician.

SRC – Salt River Clinic

PIMC – Phoenix Indian Medical Center

Note: All children seen for a well child check receive a developmental screening as part of their visit. Many children in the community also get screened through ECEC and Child Find/AZEIP.

\*All children receive a quick oral screening during all well-child visits. As of 18 months ago, all children (age 0-2) and most children (age 3-5) received a fluoride varnish application on their teeth at the time of their well-child visit. Also, many children at the Salt River schools received oral health screenings, sealants, and fluoride varnish through a dental program with ITCA. Those children are not included here.

## EXHIBIT 3-33

## CHILD FIND – NUMBER OF CHILDREN SCREENED BY AGE DECEMBER 2009 – MAY 2010

AGE	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	TOTAL SCREENED
Less than 1 year	0	1	2	0	2	2	7
1 year old	0	3	3	0	1	1	8
2 years old	1	1	3	2	2	2	11
3 years old	0	0	2	0	2	0	4
4 years old	0	1	1	0	1	1	4
5 years old	0	0	0	0	0	1	1
<b>TOTAL SCREENED</b>	<b>1</b>	<b>6</b>	<b>11</b>	<b>2</b>	<b>8</b>	<b>7</b>	<b>35</b>

Source: Office of the Coordinator, SRP-MIC, 2008.

**Exhibits 3-34 and 3-35** show the number of children (age three to five) who were identified as disabled and the number of children who received related services in the SRP-MIC. As shown:

- Nineteen children (under three) and 61 children (age three to five) were identified as having a disability. Of those 80 children, 67 were receiving services.

## EXHIBIT 3-34

## CHILD FIND – NUMBER OF CHILDREN (UNDER AGE THREE) WHO HAVE DISABILITIES AND/OR RECEIVED SERVICES, 2009

AGE	NUMBER OF INFANTS/ TODDLERS RESIDING IN THE COMMUNITY	NUMBER OF INFANTS/TODDLERS WITH DISABILITIES RESIDING IN THE COMMUNITY RECEIVING EARLY INTERVENTION SERVICES	NUMBER OF INFANTS/TODDLERS WHO HAVE BEEN IDENTIFIED AND WILL RECEIVE EARLY INTERVENTION SERVICES WITHIN 45 DAYS
Under 1 Year	75	2	2
1 year	114	3	5
2 years	125	5	2
<b>TOTAL:</b>	<b>314</b>	<b>10</b>	<b>9</b>

Source: Office of the Coordinator, SRP-MIC; SRP-MIC Child Find Program, 2010. Data reflect ages as of December 1, 2009.

## EXHIBIT 3-35

## CHILD FIND - NUMBER OF CHILDREN (AGE 3-5) WHO HAVE DISABILITIES AND/OR RECEIVED SERVICES, 2009

AGE	IDENTIFIED DISABLED	DISABLED SERVED
3 Years	18	14
4 Years	28	28
5 Years	15	15
<b>TOTAL (3-5 YEARS):</b>	<b>61</b>	<b>57</b>

Source: Office of the Coordinator, SRP-MIC. SRP-MIC Child Find Program, 2010. Data reflect ages as of December 1, 2009.

**Exhibits 3-36** shows medically underserved areas and health professional shortage areas. Note that the names associated with Primary Care Areas may not be instructive as to the precise geographies that are encompassed; to determine the appropriate Primary Care Areas for inclusion, maps of FTF regions and Primary Care Areas were overlaid to determine all overlapping jurisdictions. As shown:

- The SRP-MIC is listed by the state as a medically underserved area, but does not have health professional shortage.
- The primary care area is not listed by the federal government as medically underserved.

## EXHIBIT 3-36

### MEDICALLY UNDERSERVED AREAS AND HEALTH PROFESSIONAL SHORTAGE AREAS

PRIMARY CARE AREA	PRIMARY CARE SCORE*	ARIZONA MEDICALLY UNDERSERVED AREA (AZMUA)	HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)	FEDERAL MEDICALLY UNDERSERVED AREA/ POPULATION (MUA/P)
Salt River Pima-Maricopa Indian Community	64	Yes	No	No

Source: Arizona Department of Health Services.

\*Higher Primary Care Scores indicate more severe levels of medical underservice. The primary care score is the sum of the values for a given area in terms of the following components: population to provider ratio, travel time to the nearest primary care facility, percent of the population with income less than 200 percent of poverty level (and 100-200%), percent of uninsured births, ratio of hospital admissions with ambulatory sensitive condition's per 1,000 population less than age 65, percentage of low birth rates, the sum of the percentage of births receiving no prenatal care or prenatal care in the second or third trimester, the percentage of births reporting four or less prenatal care visits, premature mortality, infant mortality, percent minority, percent elderly, and unemployment rate above the statewide average. The values for the components of the Primary Care Score can be found at: <http://www.azdhs.gov/hsd/profiles/pcuindex.pdf>.

A summary of the key survey findings regarding health services is presented in this section of the report. Survey respondents rated (on a scale from Excellent to Very Poor) the extent to which services met the health needs of their children (birth through age five) and their families. Fifty percent of respondents reported that health needs were well met (provided a rating of Good to Excellent), and 22 percent reported that needs were not well met (provided a rating of Poor or Very Poor). According to group meeting participants and interviewees, the health services in the SRP-MIC are working very well, but need improvements in targeted areas, such as offering more services for special needs children.

Survey respondents indicated which health services were missing from their community. **Exhibit 3-37** shows the percentage of respondents that indicated health services were missing or unavailable within their community. According to interviews, educated and trained staff in health services is also missing. Other needs mentioned include developmental disabilities and special needs services, drug and alcohol prevention, and education on healthy eating.

## EXHIBIT 3-37

### MISSING HEALTH SERVICES

MISSING HEALTH SERVICE AREAS	PERCENT MISSING
Access to free or low cost health services	16.7%
Health promotion and disease prevention education	16.7%

Source: Stakeholder survey responses, 2010.

Total number of responses was 12.

Organizations providing leadership and services within the SRP-MIC serve as assets within the community. Survey participants identified assets in the form of key organizations that provide strong leadership within their community for providing health services. These organizations are those included in **Exhibit 3-38**.

## EXHIBIT 3-38

### ORGANIZATIONS OFFERING STRONG LEADERSHIP WITHIN THE COMMUNITY IN THE AREA OF HEALTH SERVICES

Association for Supportive Child Care (ASCC)	Phoenix Children's Hospital
ECEC	Salt River Early Childhood Education Center
ECEC Health Services	Scottsdale Healthcare
Environmental Health	SRP-MIC Education Administration and Education Board
Even Start	SRP-MIC Health and Human Services Department
First Things First (FTF)	St. Joseph's Hospital
Dental Clinic	Southwest Human Development
Maricopa County	Valley of the Sun United Way
Mesa Public Schools	

Sources: Stakeholder survey and interview responses, 2010.

## Section Summary

The community relies heavily on health services from the Salt River Clinic that is part of IHS. Pregnant women in the community are less likely to receive adequate prenatal care than women countywide, and babies are more likely to be born with low birth weights. Immunization rates in the community are significantly higher than countywide rates, indicating the community's strength in linking families with needed health services. To build on this strength, the community could explore strategies to provide parenting education and support in conjunction with immunizations.

## 3.4 Public Awareness and Collaboration

A summary of the key survey findings related to the provision of coordinated services is presented in this section of the report. Survey respondents rated (on a scale from Excellent to Very Poor) the extent to which coordinated services met the needs of their children (birth through age five) and their families. Forty percent of respondents reported that their needs were well met through coordinated services (provided a rating of Good to Excellent), and 37 percent reported that needs were not well met through coordinated services (provided a rating of Poor or Very Poor). Better coordination of services and communication among service providers was a strong thread of discussion during personal interviews.

Survey respondents were also asked to select the single most important barrier to children and families receiving coordinated services. The single most important barrier to families getting coordinated services within the community was awareness (54.3%). Survey respondents were asked to report on two barriers related to coordinated services: the eligibility differences among service providers and the lack of communication between service providers. Thirty-seven percent of respondents indicated that "eligibility differences among service providers" was a barrier, while 63 percent identified the "lack of communication between service providers" as a barrier. Group meeting participants and

interviewees strongly agreed about the lack of communication between service providers.

Survey respondents rated the effect of budget cuts on the provision of coordinated services from having no impact to having a very high impact. Over 71 percent of responses indicated that budget cuts had a high or very high impact on coordinated services.

Respondents also reported on the quality, accessibility, convenience, timeliness, comprehensiveness, and responsiveness of services across all service areas in terms of the degree to which services met the needs of their children and families. The percentage of respondents that indicated services were well met and the percentage that indicated services were not well met are shown in **Exhibit 3-39**.

## EXHIBIT 3-39

### QUALITY, ACCESSIBILITY, COMPREHENSIVENESS, AND RESPONSIVENESS IN MEETING EARLY CARE AND EDUCATION NEEDS

SERVICE TOPICS	GOOD TO EXCELLENT	POOR TO VERY POOR
Quality of Information	40.0%	19.7%
Accessibility of Information	20.0%	34.3%
Convenience of Services	20.0%	28.5%
Quality of Services	57.2%	0.0%
Timeliness of Services	34.3%	31.4%
Cultural Responsiveness of Services	40.0%	17.1%
Comprehensiveness of Services	40.0%	14.3%
Early Identification of Problems	25.8%	25.7%
Family Centered Practice	34.3%	54.2%
Client Focus	37.1%	11.4%

Source: Stakeholder survey responses, 2010.  
Total number of responses was 35.

Organizations providing leadership and services within the SRP-MIC serve as assets within the community. Survey participants also identified assets in the form of key organizations that provide strong leadership within their community for coordinating services. These organizations are those included in **Exhibit 3-40**.

**EXHIBIT 3-40****ORGANIZATIONS OFFERING STRONG LEADERSHIP WITHIN THE COMMUNITY IN THE AREA OF COORDINATED SERVICES**

AHCCCS	Le Petit Academy
Arizona Child Care Association	Litchfield Elementary School District
Association for Supportive Child Care (ASCC)	Local Pediatric Physician
AZAAP	Maricopa County
AZEIP	NOAH
CARE Partnership	Paiute Center
Central Arizona College	Paradise Valley School District
Children's Action Alliance	Quality First
Early Childhood Education Center	Scottsdale Healthcare
Early Childhood Education Center (ECEC)	Scottsdale Unified School District
FACE (Family And Child Education Program)	Southwest Human Development
First Things First (FTF)	SRP-MIC Education and Health Services
Firstcare Avondale Family Resource Center	Sunrise Preschools
FitTots	Valley of the Sun United Way
Fountain Hills School District	Vista del Camino
Head Start	WIC
Intertribal Council of Arizona	Youth and Family Services

Sources: Stakeholder survey and interview responses, 2010.



## 3.5 Stakeholder Priority for Services

Understanding which service areas are viewed by early care and development stakeholders as most critical for focusing resources will guide FTF's decisions about how best to use their resources to help children and families within the SRP-MIC. To gather this important information, survey respondents were asked to indicate the number one priority area FTF should focus resources on to help children (birth through age five) and their families. **Exhibit 3-41** shows the highest priority area identified by the respondents is improving the quality and accessibility to early childhood development and health programs.

### EXHIBIT 3-41

#### PRIORITY AREA FOR FTF RESOURCES

PRIORITY	PERCENTAGE OF RESPONDENTS
Improve the quality of early childhood development and health programs	41.7%
Increase access to quality early childhood developmental and health programs	41.7%
Increase access to preventive health and health screenings for children (through age five)	0.0%
Offer parent and family support and education concerning early childhood development and literacy	0.0%
Provide professional development and training for early childhood development and literacy	0.0%
Increase the coordination of early childhood development and health programs	8.3%
Increase public awareness about the importance of early childhood development and health	8.3%

Source: Stakeholder survey responses, 2010.

Group meeting participants indicated that FTF should focus funding efforts in the following areas:

- Health programs and education for children and parents.
- Developmental disabilities and special needs services.
- Teaching culture and cultural preservation.
- Teaching children how to read.
- School attendance – keeping children in school.
- Follow-up care, referrals, and case management.
- Childcare.
- Programs for drug use among parents.
- Expanding ECEC.
- Safety.
- Physical fitness and health.

## Section Summary

There are high needs for parent education and family support in the community. The data and community input both point to extreme needs to increase the supply of quality, affordable childcare. This matches the regional funding strategy for preschool expansion with family support.

## 4.0 SUMMARY AND FUTURE DIRECTION

The Salt River Pima–Maricopa Indian Community (SRP-MIC) faces many economic challenges. In March 2010, the unemployment rate in the community was nearly twice the rate in Maricopa County – 16.7 percent compared to 8.7 percent. In June 2010, there were 2,360 people employed in the community; yet, from January through June 2009, only 50 adults claimed unemployment insurance benefits – a number which seems very low compared to the unemployment rate. There were 104 children (age five and younger) in the community receiving Temporary Assistance for Needy Families (TANF) cash assistance in January 2010 – a 20 percent increase over 2007. This increase was slightly higher than the increase statewide. There was an average of 1.6 children per family receiving TANF in the community, more than the 1.3 average statewide.

Babies born in the community are more likely to start out with risks compared to babies born in Maricopa County and other Native American communities in Arizona. Their mothers are more likely to be teenagers with less than twelve years of education, are less likely to be married, and are less likely to get adequate prenatal care. In 2008, 8 percent of births in the community were to mothers 17 and younger – a significant improvement over the 2005 rate, but twice the rate in Maricopa County. Another 11 percent of births were to mothers at age 18 or 19. Half of the babies born in the community in 2008 had mothers with less than twelve years of education. This rate is very high compared to Maricopa County and other Native American communities in Arizona.

Between 2005 and 2008, there was a shift in the type of health insurance that paid for births in the community – the percentage paid for by Indian Health Services and private insurance grew, while the percent paid by AHCCCS dropped. This drop may have occurred because the SRP-MIC per capita payments to families moved them above the income level to qualify for AHCCCS. Nonetheless, in 2008, the percentage of births paid for by AHCCCS was 70 percent – still quite high compared to other Native American communities and Maricopa County.

Eight out of 10 children who are assessed do not meet the literacy standard when they start kindergarten. About four out of 10 third graders attending school in the community did not meet the standard on the AIMS test in reading or math. Alternately, more than nine out of 10 children met or exceeded the writing standard.

The need for access to high quality, affordable childcare is strong. In 2010, there were seven group homes that were operated by SRP-MIC and certified by the state's Department of Health Services – the same number as in 2008. The Early Childhood Education Center serves about 250 children, including 100 in Head Start preschool. Waiting lists for the Center are very long. A lack of childcare in the community is cited as a major barrier to employment for parents.

One area of great strength is the child vaccination rates, which are significantly higher in the SRP-MIC than in Maricopa County, Arizona, or any other FTF region in Maricopa County. This indicates the community's strength in the area of early childhood health. However, the state's Department of Health Services has identified the community as a Medically Underserved Area because it has extreme medical underservice in primary care.

Different sections of the online survey were completed by 12 to 35 respondents. Of those respondents, many said that childcare services are not meeting the needs of the community. They identified cost as a major barrier in childcare, and indicated that there is a lack of high quality childcare that provides services during alternative hours of operation. Respondents indicated that they wanted FTF to focus its resources on increasing the quality and improving access to early childhood development and health programs. Alternately, most respondents said that child and family literacy services are meeting the needs of the community.

Eight survey respondents said that support for grandparents raising grandchildren and support and education for teen parents are missing in the community. Also, participants in the community meeting said that there are not enough services for children with special needs.

Community members value many assets in the community for young children and their families, including the Early Childhood Education Center (ECEC), culture and literacy programs, Family and Child Education (FACE), Even Start, Child Find, the Youth Services Early Enrichment program, the Children's Foundation, Head Start, Boys and Girls Club, and fitness and recreation programs. Community members noted the great benefits that FTF leadership has brought, including collaboration and communication among existing service providers.

Community members also noted the need to expand many existing services, including early childhood education, onsite health services, parent education and family support, and speech and occupational therapy.

## **Future Direction**

The data and community responses point to three potential priority areas for FTF to focus on in the SRP-MIC.

The first is the expansion of early childhood services, especially the Early Childhood Education Center (ECEC). Community members noted that the ECEC serves between 230-250 children with 100 or more on the wait-list. Expanding the ECEC would include hiring more trained staff, adding building space, supplying material and other resources, and increasing services to children with special needs. Expansion of preschool programs has been the focus of the regional funding strategy to date.

The second priority area is a continued focus on the collaboration and communication of information to families and providers. Community members suggested that the establishment of a resource center located at a high traffic location in the community would be helpful in providing families with information about a wide range of services available in their community. Community members also noted the great value in FTF facilitating coordination and networking among different Tribal departments and other agencies. Community responses emphasized that written information is not sufficient; to be most effective, information must be communicated in person.

The third priority is to focus on providing mentoring and parenting education to new mothers who are young, single, and uneducated. These mothers and their babies face tremendous challenges throughout their lives together, and linking them earlier to resources, education, and early childhood services can provide both mother and child with the groundwork to lead healthy and successful lives.

# APPENDIX A: Survey Results



FIRST THINGS FIRST

NEEDS AND ASSETS SURVEY WEB SITE

## DIRECTIONS:

Everyone must complete SECTION ONE: Coordinating Services and SECTION TWO: Questions Specific to Your Community.

**Complete SECTIONS 3 through 9 of the survey if you feel you have sufficient knowledge to share your opinions.** For those sections of the survey that you **do not feel knowledgeable**, please mark the checkbox provided.

If you serve people in multiple communities, you MAY provide different answers for each community. The [Survey Completion Chart](#) indicates when you have completed a survey section for each of the communities you serve.

Listed below are the sections of the survey:

- [Edit Your Organization's Service Area](#)
- [Section 1: Coordinated Services in Your Community for Children Birth through Age 5 and Their Families](#)
- [Section 2: Questions Specific to Your Community](#)
- [Section 3: Parenting Support/Education Services](#)
- [Section 4: Child Care](#)
- [Section 5: Education](#)
- [Section 6: Literacy Development for Children and Parents](#)
- [Section 7: Services for Children with Special Needs](#)
- [Section 8: Health Services](#)
- [Section 9: Social Services](#)

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## Section 1: Coordinated Services in Your Community for Children Birth Through Age 5 and Their Families

1. Thinking about the Coordinated Services in your Community for children birth through age 5 and their families, please rate how well the coordination currently meets families' needs.

AREA	HOW WELL THE COORDINATION OF SERVICES CURRENTLY MEETS FAMILIES' NEEDS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	EXCELLENT	VERY GOOD	GOOD	NEUTRAL	POOR	VERY POOR	NOT SURE
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	5.7	2.9	31.4	20.0	25.7	11.4	2.9
TOTAL PERCENT WITHIN MARICOPA COUNTY	4.0	4.9	37.8	17.3	24.9	9.2	1.9

2. What are the barriers to families getting Coordinated Services in your Community for children birth through age 5? YOU MAY CHECK MORE THAN ONE.

AREA	BARRIERS TO FAMILIES GETTING COORDINATED SERVICES IN THEIR COMMUNITY (PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY)												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	SERVICES NOT WANTED	IMMIGRATION STATUS	ELIGIBILITY DIFFERENCES AMONG SERVICE PROVIDERS	LACK OF COMMUNICATION BETWEEN SERVICE PROVIDERS	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	71.4	65.7	42.9	85.7	60.0	40.9	31.4	40.0	22.9	40.0	37.1	62.9	8.6
TOTAL PERCENT WITHIN MARICOPA COUNTY	63.6	68.6	44.1	82.9	50.8	29.8	31.8	48.3	15.3	45.2	35.0	59.1	4.0

3. From the selections you made above, what is the SINGLE MOST IMPORTANT barrier to families getting Coordinated Services in Your Community for children birth through age 5? CHECK ONLY ONE.

AREA	BARRIERS TO FAMILIES GETTING COORDINATED SERVICES IN THEIR COMMUNITY (PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY)												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	SERVICES NOT WANTED	IMMIGRATION STATUS	ELIGIBILITY DIFFERENCES AMONG SERVICE PROVIDERS	LACK OF COMMUNICATION BETWEEN SERVICE PROVIDERS	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	8.6	5.7	0.0	54.3	22.9	2.9	0.0	0.0	0.0	2.9	2.9	0.0	0.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	3.5	13.2	0.6	53.8	12.7	2.6	0.3	2.1	0.2	5.6	2.6	0.2	2.6

4. Please rate the impact of recent budget cuts on Coordinated Services in Your Community for children birth through age 5 and their families.

AREA	IMPACT OF RECENT BUDGET CUTS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)				
	VERY HIGH	HIGH	LITTLE	NONE	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	42.9	28.6	11.4	0.0	17.1
TOTAL PERCENT WITHIN MARICOPA COUNTY	56.5	26.0	6.1	0.5	11.0

5. Please identify if there is a key organization(s) that is providing **STRONG LEADERSHIP** for Coordinated Services in the Community for children birth through age 5 and their families. List this organization(s) in the box below.

### List of key organization(s) that are providing strong leadership in the Salt River Pima Maricopa Indian Community Region

AHCCCS	Litchfield Elementary School District
Arizona Child Care Association	Local Pediatric Physician
Association for Supportive Child Care (ASCC)	Maricopa County
AzAAP	NOAH
AzEIP	Paiute Center
CARE Partnership	PVUSD
Central Arizona College	Quality First
Children's Action Alliance	Scottsdale Healthcare
Early Childhood Education Center	Scottsdale School District
ECEC	Southwest Human Development
FACE (Family And Child Education Program)	SRPMIC Education and Health Services
FHUSD	Sunrise Preschools
First Things First	SUSD
Firstcare Avondale Family Resource Center	Valley of the Sun United Way
FitTots	Vista del Camino
Fountain Hills School District	VSUW
Head Start	WIC
Intertribal Council of Arizona	Youth and Family Services
Le Petit Academy	

Note: Some responses may indicate the same organization yet are referred to in the report per the individual responses.



6. Thinking about ALL SERVICES currently available for children birth through 5 and their families in YOUR COMMUNITY, please rate the degree to which services currently meet families' needs in the areas below.

AREA	QUALITY OF INFORMATION (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	5.7	14.3	25.7	28.6	11.4	14.3
TOTAL PERCENT WITHIN MARICOPA COUNTY	4.5	15.4	34.1	27.1	8.7	10.2

AREA	ACCESSIBILITY OF INFORMATION (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	14.3	20.0	34.3	17.1	2.9	11.4
TOTAL PERCENT WITHIN MARICOPA COUNTY	11.9	21.9	34.0	18.8	4.5	8.9

AREA	CONVENIENCE/ACCESSIBILITY OF SERVICES (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	11.4	17.1	45.7	20.0	0.0	5.7
TOTAL PERCENT WITHIN MARICOPA COUNTY	6.0	19.6	51.0	13.6	3.6	6.2

AREA	QUALITY OF SERVICES (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	0.0	0.0	31.4	28.6	28.6	11.4
TOTAL PERCENT WITHIN MARICOPA COUNTY	0.1	2.4	35.2	32.1	19.6	10.7

AREA	TIMELINESS OF SERVICES (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	5.7	25.7	31.4	22.9	11.4	2.9
TOTAL PERCENT WITHIN MARICOPA COUNTY	5.5	22.5	36.2	18.3	10.0	7.6

AREA	CULTURAL RESPONSIVENESS OF SERVICES (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	0.0	17.1	34.3	20.0	20.0	8.6
TOTAL PERCENT WITHIN MARICOPA COUNTY	0.4	14.1	36.9	24.1	13.3	11.2

AREA	COMPREHENSIVENESS OF SERVICES (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	5.7	8.6	37.1	31.4	8.6	8.6
TOTAL PERCENT WITHIN MARICOPA COUNTY	2.8	17.9	37.8	24.6	6.5	10.4

AREA	EARLY IDENTIFICATION OF PROBLEMS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	5.7	20.0	40.0	22.9	2.9	8.6
TOTAL PERCENT WITHIN MARICOPA COUNTY	6.0	21.4	37.9	19.6	3.7	11.3

AREA	FAMILY CENTERED PRACTICE (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	0.0	17.1	37.1	20.0	14.3	11.4
TOTAL PERCENT WITHIN MARICOPA COUNTY	0.7	17.7	39.0	19.2	10.4	13.3

AREA	CLIENT FOCUS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)					
	VERY POOR 1	2	3	4	EXCELLENT 5	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	5.7	5.7	34.3	31.4	5.7	17.1
TOTAL PERCENT WITHIN MARICOPA COUNTY	4.8	16.2	28.8	26.1	7.4	16.7

## Section 2: Questions Specific to Your Community

1. Please rate your level of knowledge of programs supported by First Things First in YOUR COMMUNITY.

AREA	LEVEL OF KNOWLEDGE OF PROGRAMS SUPPORTED BY FIRST THINGS FIRST (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	EXCELLENT	VERY GOOD	GOOD	NEUTRAL	POOR	VERY POOR	NOT SURE
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	16.7	8.3	50.0	25.0	0.0	0.0	0.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	18	21.4	35.3	19.7	5.5	0.0	0.0

2. What is the number one priority area for First Things First to focus resources to help children birth through age five and their families in YOUR COMMUNITY? CHECK ONLY ONE

AREA	NUMBER ONE PRIORITY AREA FOR FTF TO FOCUS RESOURCES (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	IMPROVE THE QUALITY OF EARLY CHILDHOOD DEVELOPMENT AND HEALTH PROGRAMS	INCREASE THE ACCESS TO QUALITY EARLY CHILDHOOD DEVELOPMENTAL AND HEALTH PROGRAMS	INCREASE ACCESS TO PREVENTIVE HEALTH AND HEALTH SCREENINGS FOR CHILDREN THROUGH AGE 5	OFFER PARENT AND FAMILY SUPPORT AND EDUCATION CONCERNING EARLY CHILDHOOD DEVELOPMENT AND LITERACY	PROVIDE PROFESSIONAL DEVELOPMENT AND TRAINING FOR EARLY CHILDHOOD DEVELOPMENT AND LITERACY	INCREASE COORDINATION OF EARLY CHILDHOOD DEVELOPMENT AND HEALTH PROGRAMS	INCREASE PUBLIC AWARENESS ABOUT THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT AND HEALTH
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	41.7	41.7	0.0	0.0	0.0	8.3	8.3
TOTAL PERCENT WITHIN MARICOPA COUNTY	24	26	4.1	19.7	2.9	9.9	13.5

3. What services are missing in YOUR COMMUNITY for families with children birth through age 5?  
CHECK ALL THAT APPLY.

AREA	SERVICES THAT ARE MISSING IN THE COMMUNITY (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)											
	SUPPORT FOR GRANDPARENTS RAISING GRANDCHILDREN	PARENT COACHING/EDUCATION	ACCESS TO FREE OR LOW COST HEALTH SERVICES	EARLY CHILDHOOD LITERACY PROGRAMS	HIGH QUALITY CHILD CARE	HIGH QUALITY CHILD CARE THAT PROVIDES ALTERNATIVE HOURS OF OPERATION	CHILD CARE SUBSIDIES	PRE-KINDERGARTEN	HEALTH PROMOTION AND DISEASE PREVENTION EDUCATION	SUPPORT AND EDUCATION PROGRAMS FOR PREGNANT AND PARENTING TEENS	ACCESSIBILITY TO RESOURCES THAT SUPPORT FAMILIES WITH YOUNG CHILDREN	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	66.7	50.0	16.7	33.3	41.7	58.3	25.0	16.7	16.7	66.7	41.7	8.3
TOTAL PERCENT WITHIN MARICOPA COUNTY	51.7	45.2	49.3	35.6	41.6	39.9	50.2	28.8	32.9	36.5	50.5	3.4

## Section 3: Parenting Support/Education Services for Families with Children Birth Through Age 5

1. Thinking about Parenting Support/Education Services for families with children birth through age 5, please rate how well these services currently meet families' needs throughout YOUR COMMUNITY.

AREA	HOW WELL PARENTING SUPPORT/EDUCATION SERVICES CURRENTLY MEET FAMILIES' NEEDS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	EXCELLENT	VERY GOOD	GOOD	NEUTRAL	POOR	VERY POOR	NOT SURE
TOTAL PERCENT WITHIN SALT RIVA PIMA MARICOPA INDIAN COMMUNITY REGION	0.0	25.0	20.0	20.0	25.0	0.0	10.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	4.0	14.8	22.9	26.1	23.7	1.7	6.9

2. Are there waiting lists or families being turned away due to a shortage of Parenting Support/Education Services for families with children birth through age 5 in YOUR COMMUNITY?

If you answered YES, please provide a specific example(s) in YOUR COMMUNITY.

AREA	ARE THERE WAITING LISTS? (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)		
	YES	NO	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVA PIMA MARICOPA INDIAN COMMUNITY REGION	45.0	5.0	50.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	28.0	19.2	28.0

3. What are the barriers to providing Parenting Support/Education Services for families with children birth through age 5 in YOUR COMMUNITY? YOU MAY CHECK MORE THAN ONE.

AREA	BARRIERS TO PROVIDING PARENTING SUPPORT/ EDUCATION SERVICES (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)														
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	SERVICES NOT WANTED	NO CHILD	IMMIGRATION STATUS	ELIGIBILITY DIFFERENCES AMONG SERVICE PROVIDERS	LACK OF COMMUNICATION BETWEEN SERVICE PROVIDERS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVA PIMA MARICOPA INDIAN COMMUNITY REGION	70.0	45.0	35.0	70.0	55.0	15.0	15.0	30.0	25.0	45.0	15.0	0.0	0.0	40.0	5.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	62.7	49.2	36.8	71.2	93.8	17.5	23.5	38.4	21.5	42.6	26.9	0.0	0.0	44.1	5.6

4. From the selections you made above, what is the SINGLE MOST IMPORTANT barrier to providing Parenting Support/Education Services for families with children birth through age 5 in YOUR COMMUNITY? CHECK ONLY ONE.

AREA	SINGLE MOST IMPORTANT BARRIER (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)														
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	SERVICES NOT WANTED	IMMIGRATION STATUS	NO CHILD CARE PROVIDED	ELIGIBILITY DIFFERENCES AMONG SERVICE PROVIDERS	LACK OF COMMUNICATION BETWEEN SERVICE PROVIDERS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVA PIMA MARICOPA INDIAN COMMUNITY REGION	5.0	20.0	0.0	50.0	10.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	0.0	5.0	0.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	9.4	14.7	1.4	47.4	8.7	1.9	0.4	0.4	2.2	2.4	4.9	0.0	0.0	2.3	4.0



5. Please rate the impact of recent budget cuts on providing Parenting Support/ Education Services for families with children birth through 5 in YOUR COMMUNITY.

If you rated this question Very High or High, please provide specific examples in YOUR COMMUNITY.

AREA	IMPACT OF RECENT BUDGET CUTS ON PROVIDING PARENTING SUPPORT/EDUCATION SERVICES (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)				
	VERY HIGH	HIGH	LITTLE	NONE	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	10.0	30.0	5.0	0.0	55.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	25.9	30.6	637	0.4	36.4

6. Please identify if there is a key organization(s) that is providing STRONG LEADERSHIP within YOUR COMMUNITY for Parenting Support/Education Services for families with children birth through 5.

List of key organization(s) that are providing strong leadership

### Salt River Pima Maricopa Indian Community Region

Association for Supportive Child Care (ASCC)	Maricopa County
Early Childhood Education Center (including Head Start)	Raising Special Kids
Early Enrichment Program	SARRC
Even Start	Social Services Parenting Class
FACE (Family And Child Education Program)	Southwest Human Development
Family Advocacy at ECEC	SWHD
First Things First	Teen Parent Education Program
Infant teacher for high school parents.	Tribal Library

Note: Some responses may indicate the same organization yet are referred to in the report per the individual responses.

## Section 4: Child Care for Children Birth Through Age 5

1. Thinking about Child Care for children birth through age 5, please rate how well these services currently meet families' needs throughout YOUR COMMUNITY.

AREA	HOW WELL CHILD CARE FOR CHILDREN BIRTH THROUGH AGE 5, CURRENTLY MEET FAMILIES' NEEDS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	EXCELLENT	VERY GOOD	GOOD	NEUTRAL	POOR	VERY POOR	NOT SURE
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	0.0	5.6	38.9	11.1	27.8	16.7	0.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	2.3	11.9	26.5	14.2	27.9	15.2	1.9

2. Are there waiting lists or children birth through age 5 being turned away due to a shortage of Child Care their parents prefer in YOUR COMMUNITY?

If you answered YES, please provide a specific example(s) in YOUR COMMUNITY.

AREA	ARE THERE WAITING LISTS? (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)		
	YES	NO	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	72.2	11.1	16.7
TOTAL PERCENT WITHIN MARICOPA COUNTY	46.8	23.3	29.9

3. What are the barriers for parents to get the Child Care they prefer for children birth through age 5 in YOUR COMMUNITY? YOU MAY CHECK MORE THAN ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY										
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	IMMIGRATION STATUS	OTHER:
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	50.0	61.1	38.9	38.9	50.0	22.2	5.6	11.1	38.9	16.7	5.6
TOTAL PERCENT WITHIN MARICOPA COUNTY	39.0	89.4	30.2	36.5	21.2	6.2	11.8	16.1	45.0	24.0	8.0

4. From the selections you made above, what is the SINGLE MOST IMPORTANT barrier for parents to get the Child Care they prefer for children birth through age 5 in YOUR COMMUNITY? CHECK ONLY ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY										
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	IMMIGRATION STATUS	OTHER:
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	5.6	55.6	0.0	0.0	27.8	0.0	0.0	0.0	11.1	0.0	0.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	4.8	76.8	1.9	3.1	1.7	0.0	0.7	0.0	7.2	0.2	3.5

5. Please rate the impact of budget cuts to state child care subsidies for parents to get the Child Care they prefer for children birth through age 5 in YOUR COMMUNITY.

If you rated this question Very High or High, please provide specific examples in YOUR COMMUNITY.

AREA	IMPACT OF RECENT BUDGET CUTS TO STATE CHILD CARE SUBSIDIES FOR PARENTS TO GET THE CHILD CARE THEY PREFER FOR CHILDREN BIRTH THROUGH AGE 5 (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)				
	VERY HIGH	HIGH	LITTLE	NONE	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	44.4	27.8	11.1	5.6	11.1
TOTAL PERCENT WITHIN MARICOPA COUNTY	65.8	23.0	3.0	0.1	8.1

6. Please identify recent changes to Child Care for children birth through age 5 in YOUR COMMUNITY due to the economy and budget cuts. YOU MAY CHECK MORE THAN ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING CHILD CARE CHANGES WITHIN EACH GEOGRAPHIC ENTITY							
	CLOSED CHILD CARE CENTERS	FEWER CHILD CARE CLASSROOMS	CHILDREN OF DIFFERENT AGES COMBINED IN SINGLE CLASSROOM	CHILD CARE TEACHERS LAID OFF	CHILDREN STAYING HOME ALONE	CHILDREN STAYING WITH FAMILY, FRIENDS, AND/OR NEIGHBORS	REDUCED QUALITY OR VARIETY OF CHILD CARE	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	38.9	27.8	16.7	38.9	50.0	61.1	66.7	16.7
TOTAL PERCENT WITHIN MARICOPA COUNTY	60.0	40.8	33.3	62.9	67.0	77.5	61.1	6.1

7. Please identify if there is a key organization(s) that is providing **STRONG LEADERSHIP** within **YOUR COMMUNITY** for Child Care for children birth through age 5. List these organization(s) in the box below.

List of key organization(s) that are providing strong leadership

### **Salt River Pima Maricopa Indian Community Region**

Association for Supportive Child Care (ASCC)

Blake Foundation

CAZColleges

CCDF Pilot Certificate Program

Central AZ College

Early Childhood Education Center

ECEC Health Services

First Things First

Maricopa County

Southwest Human Development

SWHD

United Way

VSUW

Note: Some responses may indicate the same organization yet are referred to in the report per the individual responses.

## Section 5: Education for Children Birth Through Age 5

1. Thinking about Educational Services for children birth through age 5, please rate how well these services currently meet families' needs throughout YOUR COMMUNITY.

AREA	HOW WELL EDUCATIONAL SERVICES FOR CHILDREN BIRTH THROUGH AGE 5, CURRENTLY MEET FAMILIES' NEEDS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	EXCELLENT	VERY GOOD	GOOD	NEUTRAL	POOR	VERY POOR	NOT SURE
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	2.1	10.4	31.3	18.8	20.8	4.2	12.5
TOTAL PERCENT WITHIN MARICOPA COUNTY	0.6	18.3	35.3	21.3	16.7	2.6	5.1

2. Are there waiting lists or families being turned away due to a shortage of Educational Services for children birth through age 5 in YOUR COMMUNITY?

If you answered YES, please provide a specific example(s) in YOUR COMMUNITY.

AREA	ARE THERE WAITING LISTS? (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)		
	YES	NO	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	52.9	5.9	41.2
TOTAL PERCENT WITHIN MARICOPA COUNTY	23.9	18.0	58.1

3. What are the barriers to families getting Educational Services for children birth through age 5 in YOUR COMMUNITY? YOU MAY CHECK MORE THAN ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY											
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	52.9	41.2	23.5	47.1	58.8	17.6	5.9	11.8	35.3	17.6	11.8	5.9
TOTAL PERCENT WITHIN MARICOPA COUNTY	49.5	59.9	28.9	57.2	35.5	9.5	14.1	21.7	37.8	24.6	15.6	7.2

4. From the selections you made above, what is the SINGLE MOST IMPORTANT barrier to families getting Educational Services for children birth through age 5 in YOUR COMMUNITY? CHECK ONLY ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY											
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	11.8	17.6	0.0	17.6	29.4	11.8	0.0	0.0	11.8	0.0	0.0	0.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	8.2	30.1	0.5	29.7	11.2	3.6	1.7	0.4	7.3	1.9	0.9	4.5

5. Please rate the impact of recent budget cuts on Educational Services for children birth through age 5 in YOUR COMMUNITY.

If you rated this question Very High or High, please provide specific examples in YOUR COMMUNITY.

AREA	IMPACT OF RECENT BUDGET CUTS ON EDUCATIONAL SERVICES FOR CHILDREN BIRTH THROUGH AGE 5 (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)				
	VERY HIGH	HIGH	LITTLE	NONE	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	17.6	35.3	5.9	5.9	35.
TOTAL PERCENT WITHIN MARICOPA COUNTY	39.8	22.6	4.1	0.5	32.9

6. List of key organization(s) that is providing STRONG LEADERSHIP within YOUR COMMUNITY for Educational Services for children birth through 5. List this organization(s) in the box below.

List of key organization(s) that are providing strong leadership

### Salt River Pima Maricopa Indian Community Region

AEA  
Early Childhood Education Center  
Education Department  
Head Start

Salt River Pima Head Start  
SARRC reverse integrated toddler preschool and pre K. programs  
SRPMIC Education Division

Note: Some responses may indicate the same organization yet are referred to in the report per the individual responses.



## Section 6: Literacy Development Services for Children Birth Through Age 5 and Their Families

1. Thinking about Literacy Development Services for children birth through age 5 and their families, please rate how well these services currently meet families' needs throughout YOUR COMMUNITY.

AREA	HOW WELL LITERACY DEVELOPMENT SERVICES FOR CHILDREN BIRTH THROUGH AGE 5 AND THEIR FAMILIES, CURRENTLY MEET FAMILIES' NEEDS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	EXCELLENT	VERY GOOD	GOOD	NEUTRAL	POOR	VERY POOR	NOT SURE
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	7.7	7.7	46.2	15.4	15.4	0.0	7.7
TOTAL PERCENT WITHIN MARICOPA COUNTY	4.1	10.8	41.5	19.3	7.9	6.4	10.0

2. Are there families being turned away due to a shortage of Literacy Development Services for children birth through age 5 and their families in YOUR COMMUNITY?

If you answered YES, please provide a specific example(s) in YOUR COMMUNITY.

AREA	ARE THERE FAMILIES TURNED AWAY? (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)		
	YES	NO	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	38.5	7.7	53.8
TOTAL PERCENT WITHIN MARICOPA COUNTY	21.2	14.1	64.7

3. What are the barriers to families getting Literacy Development Services for children birth through age 5 and their families in YOUR COMMUNITY? YOU MAY CHECK MORE THAN ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	NO CHILD CARE PROVIDED	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	46.2	30.8	7.7	61.5	38.5	7.7	15.4	38.5	0.0	15.4	0.0	7.7	7.7
TOTAL PERCENT WITHIN MARICOPA COUNTY	37.9	29.4	25.6	69.4	26.3	1.4	21.9	46.8	8.8	9.5	14.6	14.1	0.9

4. From the selections you made above, what is the SINGLE MOST IMPORTANT barrier to families getting Literacy Development Services for children birth through age 5 and their families in YOUR COMMUNITY? CHECK ONLY ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	NO CHILD CARE PROVIDED	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	7.7	7.7	0.0	38.5	23.1	7.7	0.0	15.4	0.0	0.0	0.0	0.0	0.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	6.9	4.6	1.7	52.8	15.1	0.3	0.5	10.5	2.4	0.0	1.4	1.0	2.6

5. Please rate the impact of recent budget cuts on Literacy Development Services for children birth through age 5 in YOUR COMMUNITY.

If you rated this question Very High or High, please provide specific examples in YOUR COMMUNITY.

AREA	IMPACT OF RECENT BUDGET CUTS ON LITERACY DEVELOPMENT SERVICES FOR CHILDREN BIRTH THROUGH AGE 5 (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)				
	VERY HIGH	HIGH	LITTLE	NONE	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	15.4	30.8	7.7	7.7	38.5
TOTAL PERCENT WITHIN MARICOPA COUNTY	20.2	28.8	5.2	3.1	42.7

6. List of key organization(s) that is providing STRONG LEADERSHIP within YOUR COMMUNITY for Literacy Development Services for children birth through 5. List this organization(s) in the box below.

List of key organization(s) that are providing strong leadership

### Salt River Pima Maricopa Indian Community Region

AZAAP

Early Childhood Education Center

Education Department

Even Start Program

FACE (Family And Child Education Program)

Reach Out and Read

Southwest Human Development

SRPMIC Tribal Library

Note: Some responses may indicate the same organization yet are referred to in the report per the individual responses.

## Section 7: Services for Children Birth Through Age 5 with Special Needs and Their Families

1. Thinking about services for children birth through age 5 with Special Needs and their families, please rate how well these services currently meet families' needs throughout YOUR COMMUNITY.

AREA	HOW WELL SERVICES FOR CHILDREN BIRTH THROUGH AGE 5 WITH SPECIAL NEEDS AND THEIR FAMILIES, CURRENTLY MEET FAMILIES' NEEDS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	EXCELLENT	VERY GOOD	GOOD	NEUTRAL	POOR	VERY POOR	NOT SURE
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	0.0	21.4	28.6	0.0	35.7	7.1	7.1
TOTAL PERCENT WITHIN MARICOPA COUNTY	1.1	18.2	25.5	13.9	19.2	9.1	13.0

2. Are there waiting lists or families being turned away due to a shortage of services for children through age 5 with Special Needs and their families in YOUR COMMUNITY?

If you answered YES, please provide a specific example(s) in YOUR COMMUNITY.

AREA	ARE THERE WAITING LISTS OR FAMILIES TURNED AWAY? (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)		
	YES	NO	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	57.1	7.1	35.7
TOTAL PERCENT WITHIN MARICOPA COUNTY	44.8	7.4	47.9

3. What are the barriers to families getting services for children through age 5 with Special Needs in YOUR COMMUNITY? YOU MAY CHECK MORE THAN ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	NO CHILD CARE PROVIDED	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	64.3	50.0	50.0	50.0	71.4	35.7	21.4	35.7	28.6	21.4	21.4	21.4	21.4
TOTAL PERCENT WITHIN MARICOPA COUNTY	54.6	54.6	49.9	58.8	62.8	29.1	26.8	36.3	31.1	14.1	26.8	25.4	1.7

4. From the selections you made above, what is the SINGLE MOST IMPORTANT barrier to families getting services for children through age 5 with Special Needs in YOUR COMMUNITY? CHECK ONLY ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	NO CHILD CARE PROVIDED	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	7.1	7.1	7.1	21.4	50.0	0.0	0.0	0.0	0.0	7.1	0.0	0.0	0.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	5.2	13.3	5.6	26.1	34.4	2.3	0.5	0.2	0.3	5.3	1.6	1.1	4.1

5. Please rate the impact of recent budget cuts on services for children through age 5 with Special Needs and their families in YOUR COMMUNITY.

If you rated this question Very High or High, please provide specific examples in YOUR COMMUNITY.

AREA	IMPACT OF RECENT BUDGET CUTS ON SERVICES FOR CHILDREN BIRTH THROUGH AGE 5 WITH SPECIAL NEEDS AND THEIR FAMILIES IN YOUR COMMUNITY (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)				
	VERY HIGH	HIGH	LITTLE	NONE	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	7.1	50.0	21.4	0.0	21.4
TOTAL PERCENT WITHIN MARICOPA COUNTY	26.4	31.4	11.0	1.3	29.9

6. List of key organization(s) that is providing STRONG LEADERSHIP within YOUR COMMUNITY for services for children through age 5 with Special Needs and their families.

List of key organization(s) that are providing strong leadership

### Salt River Pima Maricopa Indian Community Region

Association for Supportive Child Care (ASCC)	Maricopa County
AZA United	Raising Special Kids
Early Childhood Education Center	SARRC
ECEC Health Services	SEEK
Even Start	Special Quest to Child Find
Family And Child Education Program	SRPMIC Child Find Program
First Things First	SRPMIC Head Start Program
Guthrie Mainstream	SRPMIC Health and Human Services Programs
H.O.P.E. Group	SWHD
LIFE	VSUW

Note: Some responses may indicate the same organization yet are referred to in the report per the individual responses.

## Section 8: Health Services for Children Birth Through Age 5

1. Thinking about Health Services for children birth through age 5, please rate how well these services currently meet families' needs throughout YOUR COMMUNITY.

AREA	HOW WELL HEALTH SERVICES FOR CHILDREN BIRTH THROUGH AGE 5 AND THEIR FAMILIES, CURRENTLY MEET FAMILIES' NEEDS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	EXCELLENT	VERY GOOD	GOOD	NEUTRAL	POOR	VERY POOR	NOT SURE
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	0.0	22.2	27.8	27.8	22.2	0.0	0.0
TOTAL PERCENT WITHIN MARICOPA COUNTY	1.3	13.3	27.9	21.6	24.1	4.5	7.3

2. Are there waiting lists or children birth through age 5 turned away due to a shortage of Health Services in YOUR COMMUNITY?

If you answered YES, please provide a specific example(s) in YOUR COMMUNITY.

AREA	ARE THERE WAITING LISTS OR FAMILIES TURNED AWAY? (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)		
	YES	NO	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	38.9	27.8	33.3
TOTAL PERCENT WITHIN MARICOPA COUNTY	34.7	20.6	44.7

3. What are the barriers to children birth through age 5 getting Health Services in YOUR COMMUNITY? YOU MAY CHECK MORE THAN ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	NO CHILD CARE PROVIDED	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	72.2	38.9	33.3	50.0	44.4	22.2	16.7	27.8	22.2	16.7	33.3	38.9	16.7
TOTAL PERCENT WITHIN MARICOPA COUNTY	55.5	69.2	39.4	56.9	40.6	28.9	34.3	43.8	23.9	16.5	52.3	26.1	4.8

4. From the selections you made above, what is the SINGLE MOST IMPORTANT barrier to children birth through age 5 getting Health Services in YOUR COMMUNITY? CHECK ONLY ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	NO CHILD CARE PROVIDED	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	11.1	11.1	5.6	22.2	22.2	0.0	0.0	0.0	0.0	5.6	11.1	0.0	11.1
TOTAL PERCENT WITHIN MARICOPA COUNTY	6.1	31.1	4.1	20.4	13.4	2.5	1.2	0.1	0.0	0.1	14.7	0.3	5.8



5. Please rate the impact of recent budget cuts on Health Services for children birth through age 5 in YOUR COMMUNITY.

If you rated this question Very High or High, please provide specific examples in YOUR COMMUNITY.

AREA	IMPACT OF RECENT BUDGET CUTS ON HEALTH SERVICES FOR CHILDREN BIRTH THROUGH AGE 5 IN YOUR COMMUNITY (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)				
	VERY HIGH	HIGH	LITTLE	NONE	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	38.8	11.1	11.1	5.6	33.3
TOTAL PERCENT WITHIN MARICOPA COUNTY	52.7	18.2	9.9	0.4	18.7

6. Please identify if there is a key organization(s) that is providing STRONG LEADERSHIP within YOUR COMMUNITY for Health Services for children birth through age 5. List this organization(s) in the box below.

List of key organization(s) that are providing strong leadership

### Salt River Pima Maricopa Indian Community Region

Association for Supportive Child Care (ASCC)  
 ECEC  
 ECEC Health Services  
 Environmental Health  
 First Things First  
 IHS  
 IHS Clinic  
 IHS Dental Clinic  
 Maricopa County

Phoenix Children's Hospital  
 Salt River Early Childhood Education Center  
 Scottsdale Healthcare  
 SRPMIC Health and Human Services  
 Department  
 St. Josephs Hospital  
 SWHD  
 VSUW

Note: Some responses may indicate the same organization yet are referred to in the report per the individual responses.

## Section 9: Social Services Support for Children Birth Through Age 5 and Their Families

1. Thinking about Social Services Support for children birth through age 5 and their families, please rate how well these services currently meet families' needs throughout YOUR COMMUNITY.

AREA	HOW WELL SOCIAL SERVICES SUPPORT FOR CHILDREN BIRTH THROUGH AGE 5 AND THEIR FAMILIES, CURRENTLY MEET FAMILIES' NEEDS (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)						
	EXCELLENT	VERY GOOD	GOOD	NEUTRAL	POOR	VERY POOR	NOT SURE
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	0.0	14.3	21.4	28.6	21.4	7.1	7.1
TOTAL PERCENT WITHIN MARICOPA COUNTY	0.6	9.0	25.3	23.4	22.3	14.7	4.7

2. Are there waiting lists or children birth through age 5 turned away due to a shortage of Health Services in YOUR COMMUNITY?

If you answered YES, please provide a specific example(s) in YOUR COMMUNITY.

AREA	ARE THERE WAITING LISTS OR FAMILIES TURNED AWAY? (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)		
	YES	NO	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	21.4	7.1	71.4
TOTAL PERCENT WITHIN MARICOPA COUNTY	38.0	9.8	52.2

3. What are the barriers to families getting Social Services Support for children birth through age 5 in YOUR COMMUNITY? YOU MAY CHECK MORE THAN ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	NO CHILD CARE PROVIDED	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	42.9	42.9	42.9	64.3	57.1	14.3	14.3	21.4	21.4	21.4	28.6	14.3	21.4
TOTAL PERCENT WITHIN MARICOPA COUNTY	45.1	50.1	43.1	76.6	56.7	18.0	21.7	29.1	24.5	16.0	38.8	8.8	5.3

4. From the selections you made above, what is the SINGLE MOST IMPORTANT barrier to families getting Social Services Support for children birth through age 5 in YOUR COMMUNITY? CHECK ONLY ONE.

AREA	PERCENTAGE OF RESPONDENTS SELECTING BARRIER WITHIN EACH GEOGRAPHIC ENTITY												
	TRANSPORTATION	COST	LOCATION(S)	AWARENESS	NOT ENOUGH SERVICES	DIFFICULT TO ENROLL	CULTURE	LANGUAGE	QUALITY	NO CHILD CARE PROVIDED	IMMIGRATION STATUS	DIFFICULT TO TAKE TIME OFF FROM WORK/SCHOOL	OTHER
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	7.1	14.3	7.1	7.1	35.7	0.0	0.0	0.0	7.1	7.1	7.1	0.0	7.1
TOTAL PERCENT WITHIN MARICOPA COUNTY	5.0	10.4	2.5	24.8	40.5	0.6	0.3	0.2	4.8	0.6	7.3	0.3	2.8

5. Please rate the impact of recent budget cuts on Social Services Support for children birth through age 5 and their families in YOUR COMMUNITY.

If you rated this question Very High or High, please provide specific examples in YOUR COMMUNITY.

AREA	IMPACT OF RECENT BUDGET CUTS ON SOCIAL SERVICES SUPPORT FOR CHILDREN BIRTH THROUGH AGE 5 AND THEIR FAMILIES IN YOUR COMMUNITY (PERCENTAGE OF RESPONDENTS WITHIN EACH GEOGRAPHIC ENTITY)				
	VERY HIGH	HIGH	LITTLE	NONE	DON'T KNOW
TOTAL PERCENT WITHIN SALT RIVER PIMA MARICOPA INDIAN COMMUNITY REGION	35.7	21.4	0.0	0.0	42.9
TOTAL PERCENT WITHIN MARICOPA COUNTY	46.0	24.4	7.0	0.3	22.4

6. Please identify if there is a key organization(s) that is providing STRONG LEADERSHIP within YOUR COMMUNITY for Social Services Support for children birth through age 5 and their families. List this organization(s) in the box below.

List of key organization(s) that are providing strong leadership

### Salt River Pima Maricopa Indian Community Region

Association for Supportive Child Care (ASCC)

First Things First

GALA

Maricopa County

PAFCO

Southwest Human Development

SRPMIC Health and Human Services Social Services

SWHD

VSUW

# APPENDIX B: Community Meeting Input

## Introduction

On May 6th, 2010, First Things First held a meeting in conjunction with the scheduled parenting meeting at the Salt River Pima-Maricopa Indian Community's Early Childhood Education Center. The Regional Coordinator for the Salt River Pima Community introduced First Things First and the purpose of their attendance at the meeting. First Things First sponsored a raffle giving away various educational children's toys and books, as well as a few other gender specific gifts for adults. First Things First set up a table with representatives providing assistance and information on the First Things First Program, and gather their thoughts, opinions, and questions on topics concerning early childhood development and health issues. Since some stakeholders in this community were more comfortable submitting their responses in written form, parents received specific written question topics to respond to so that they could enter into the raffle. Twenty-six individuals submitted written responses.

## Assets

To better understand the needs and assets in the community, the group provided ideas, opinions, as well as comments about what is working well and what needs improvement in their community. The following responses were provided:

- Parenting coaching/education (including grand-parenting) for families with children age five and younger. Parent coaching/education is working well for some, but others feel it needs improvement or there needs to be more parenting classes.
- Childcare for children age five and younger. However, childcare for infants needs improvement.
- Early education for children five and younger.
- Literacy development for parents and children age five and younger.
- Services for children age five and younger with special needs.
- Health services for children age five and younger.
- Social services for children age five and younger.
- The FACE Head Start program in Lehi is working well.
- GED program held in Lehi is working well.
- Grand-parenting training and education.
- Early education needs improvement.
- Health services works well for some, but needs improvement according to others.
- Literacy development needs improvement.
- Need more social services.
- Cultural preservation needs improvement.

- Waiting list is too long for community member children needing services.
- There needs to be more information provided to families about education services offered by Salt River.
- There needs to be more services that have parent/children involvement and training with each other.
- There needs to be books sent out to children with activities and ways to excel.
- There needs to be more information about services offered on the computer.
- There needs to be more services for special needs children.

Participants identified many current services as assets, including First Things First leadership and funding. The Early Childhood Education Center (ECEC) was most frequently mentioned, followed by culture and literacy programs, Family and Child Education (FACE), Even Start (a program that started about 1 year ago), Child Find, the Youth Services Early Enrichment program, the Children's Foundation, Head Start, Boys and Girls Club, fitness and recreation programs, preschool and afterschool programs including the summer preschool program for children with no previous school experience, onsite healthcare, parenting and teen pregnancy classes, Women, Infant, and Children (WIC) and Temporary Assistance for Needy Families (TANF) programs, and Heaven Sent (a support group for parents of children with special needs).

Numerous organizations were mentioned when participants were asked to identify key organizations providing effective leadership. In order of decreasing frequency, those programs include: First Things First, the SRP-MIC Education Administration and Education Board, the Early Childhood Education Center and its Parent Policy Council, Child Find, FACE, Even Start, SRP-MIC Tribal Council and Tribal Administration, SRP-MIC Health and Human Services (including WIC, Behavioral Health Services, and Social Services), Boys and Girls Club, the Children's Foundation, the SRP-MIC cultural program, Arizona Early Intervention Program (AZEIP), and the Mesa Public Schools. However, not all respondents would agree that all these organizations provide effective leadership, as described in the needs section.

## Needs

In regards to needs not being met in the community for families with children age five and younger in your community, participants mentioned such areas as:

- Developmental disabilities and special needs (i.e. autism) services.
- Parenting skills/tips.
- Parenting University (similar to the one offered in Mesa, AZ).
- Cultural preservation.
- Education about drug prevention and alcoholism.
- Education about healthy eating.
- Parenting classes (including classes for ADHD children).
- Programs for the Lehi Community.
- Services for children five years and older with disabilities and special needs.

- More one-on-one instructions along with the group learning efforts.
- Onsite child development screening.
- Literacy programs (may be add reading nights).
- Personal counseling and rehabilitation services for parents, children and extended families.
- Working with family on goals at home and school.
- Lacking families volunteering in the schools.

The strongest need expressed by all respondents was expansion, particularly of the Early Childhood Education Center and the services it provides. Expanding the ECEC would include hiring more trained staff, adding building space, supplying material and other resources, increasing services to children with special needs, and in general, expanding the ECEC's ability to serve children and their families and decrease the number of children on the waiting list and the time children and their families wait for ECEC slots. Many respondents mentioned that the ECEC serves 230-250 children with 100 or more on the waiting list.

However, the ECEC is not the only program recommended for expansion. The FACE program, onsite health services (including vision, hearing, and dental care), childcare—particularly during evening and night hours, parent and teen education both for parenting and graduation from high school or secondary education programs, speech and occupational therapy, family support, and services for children with special needs were all identified as high priority expansion needs.

The second most frequently cited need is an “information clearinghouse” or agency to coordinate all community services. This “one-stop shopping” center would provide parents with access to information about all services without the transportation issues brought by geographically spread agencies, avoid duplication of effort, promote sharing of data to target the most beneficial services to families, serve as an education and information clearinghouse to provide better coordination of services, educate parents about things such as how to enroll and how to make contact, and establish more effective leadership among agencies that provide services within the community. As one person said:

- “We’re a small community so we really can’t afford to be competitive, and many of us are serving same families. I would like to see central location to find out needs of family and help them get into right program. We need an intake place to help get families involved, help decide what’s best and make referrals. Coordination of services.”

Better coordination of services and better communication both among and within service providers was frequently cited by respondents. While the business of daily schedules and keeping up with required tasks clearly interferes with coordination and communication, privacy laws, competition for families, children, and funding, budget deficiencies, differing policies, good intentions lost by the way-side, conflicts in goals and priorities, turf wars, the territorial nature of tribally operated agencies, and egos also obstruct effective coordination and communication. Many respondents mentioned that a strong leader (individual or agency or tribal office) would improve coordination of efforts, services, and communication. On the other hand, others said that even though joint meetings are scheduled and representatives from agencies are invited, not all service providers come to the table. Helping leadership in all agencies and service providers see the value of collaboration would be a key to increasing coordination of services. Responses included:

- What needs to improve? Bridging the gap with other programs so that we are not doubly serving some families while other families are not able to get services. Better

communication between programs.

- Things are better in that, through efforts made by FTF, various entities in the community are now at least aware of each other. But this could still improve...They could all do better. Everyone is pretty territorial, especially the tribal agencies, and it is a big obstacle.
- Since FTF has been in community, they have brought together programs in collaborative effort to streamline programs. Also, they've provided opportunity for directors to come together to identify what programs/services are being offered, how they can better work together to deliver services. Assisting us with what's needed in future.

Children with special needs, in particular, were identified as needing more/better services. While some respondents felt that parent education was a key to provide better services to more children with special needs, others felt that the agencies that provide special services could not meet the needs of all children who were identified for services.

Transportation was also cited frequently as a strong need. Many families have limited access to cars and services are geographically spread. A transportation system provides busing along routes as well as a call service for pickup for sites not on the route. However, hours were limited, wait times for special pickup were lengthy and require advance scheduling, and respondents reported that transportation issues hindered families from obtaining required services or attending appointments.

Communication with families was also mentioned as a need. Most respondents said that the most effective form of information sharing and communication with families was by word of mouth. Several respondents said that ample information was provided through newspapers, print materials that are available at many locations, posters on buildings and poles, and mass mailings. However, adult literacy and location of print materials created problems accessing those materials. Another respondent mentioned that the SRP-MIC provided phones to families with access to local information, though the information provided by phone menus was not updated regularly and not complete. Other respondents suggested that information distributed by television or radio would help families access more current information, while others said that door-to-door contact, information booths, or information providers in key high traffic sites (e.g., health clinic, culture center, tribal offices) would be crucial to help more parents understand the value of early education and change "old fashioned" mindsets.

Adult education was mentioned as a need in several contexts. First, parents living in poverty with low educational attainment, high unemployment, substance abuse, legal issues, and many other factors that interfere with obtaining services need education about the importance of early intervention, the need for early reading, math and social skills education, the importance of preventive and/or timely healthcare, good nutrition, and many other things respondents mentioned are important to healthy living and academic/economic success. Second, several respondents indicated that parents and guardians are often uncomfortable seeking help because of the stigma attached to programs, i.e., Temporary Assistance for Needy Families, Child Protective Services, Head Start, and Early Intervention programs for children with special needs. Helping caretakers understand that meeting children's needs is critical, regardless of the method or source of assistance, is crucial in children's early years. Additionally, more trained, licensed or certificated educators, interventionists, therapists, medical staff, and childcare providers are needed, particularly from the local community. However, two respondents mentioned that despite the need and desire for more trained staff from the local community, hiring mostly local staff presents a problem when a death or other community event occurs that keeps staff from work—particularly when that work involves young children who will need services even when adults are absent. Finally, a strong need exists for support for and access to GED and higher education coursework, including adequate childcare and transportation. In



particular, Algebra presents a barrier to continuing education, so qualified tutors for math and other subjects are needed. While many adults in the community have college credits, those credits do not transfer well between higher education institutions. As one respondent stated:

- “We need a working education system statewide to reduce barriers, particularly post secondary. There’s inconsistency across the system with the credentialing process—credits won’t transfer within the state system and adults feel self-defeated; I have all these credits but no degree.”

Many respondents indicated the need for greater access to high quality childcare. The one-year pilot program this past year to provide childcare vouchers for families who live outside the community has been well-received but underutilized. Transportation issues, as discussed previously, and hours of childcare availability are barriers. Additionally, families find themselves in a lose-lose cycles of “you’ve got to have a job to access these services but you need these services for children in order to find a job,” and “you’ve got to be better educated to be hired for this job but you need these services for children and transportation during these hours in order to get better educated.”

Several respondents mentioned a barrier to receiving services that has resulted in unmet needs for young children: parents who are not eligible for services because they cannot pass background checks. According to the SRP-MIC Education Policy, parents can receive services for their children without having a background check; however, they must have a background check to volunteer on campus for more than two days during the school year.

Finally, several respondents indicated that the lack of tribal enrollment creates a barrier to accessing services for (a) blended families who have children and who do not qualify, and (b) employees of service providers who want services for themselves or their own non-Native children. While funding and/or tribal policies may prevent access to services for those who do not qualify as tribal members, it may be important to address access for employees and children with a Native parent or step-parent.

## Information and Coordination

Because better access to information for both parents and agencies, and better coordination of efforts were mentioned so strongly as needs, access to information and coordination were discussed at length in the previous section. To reiterate, one of the strongest needs is to help parents who find the system “daunting” to better navigate the service options, identify “best fits” for children and families, value early intervention and earlier education for their children, and have enough support to consistently obtain services for children.

A “resource center” with staff to provide adequate support for navigating the maze and negotiating options would improve information access and coordination of services. As one respondent wrote,

- Even if [families] are aware of resources available, it does not mean they are easy to access. Parents/guardians who are in need of assistance are often facing stress, challenges, financial strain, health issues, and other difficulties, and this can make navigating “the system” daunting. If it’s difficult for an educated professional to find out about a resource during an eight hour day, using the phone and computer from work while getting paid for it, imagine how difficult it can be for a young mother who dropped out of high school, with several children to care for, without a computer, a cell phone that’s been shut off, unreliable transportation, perhaps a language barrier, who has unresolved health issues. And then throw in that an agency may only be open on certain days/times, no childcare, with a long wait time, and so on. And even if a potential client does manage to get through all of this, the problem is usually not “solved” in one visit; rather a lengthy assessment takes place, and she is

sent home with more appointments set up to follow. It is easy to see why people in need may not seek assistance.

## Suggestions and Ideas

Participants were also asked their thoughts on the top FTF funding priority when it comes to serving children age five and younger and their families in their community.

Some of the responses given were as follows:

- Health/Education for children and parents.
- Developmental disabilities and special needs services.
- Teaching culture and cultural preservation (including such activities as stories, art, music/dancing, and language).
- Teaching children how to read.
- School attendance – keeping children in school.
- Follow-up care, referrals, and case management.
- Childcare.
- Programs for drug use among parents.
- Expanding ECEC.
- Safety.
- Physical fitness and health.

The following key suggestions and ideas were the most common threads throughout interviews.

- Expand existing programs to decrease waiting list size and lengths. In particular, expand the ECEC, FACE, Even Start, Child Find, Youth Services Early Enrichment, the culture and language programs, teen parenting education, and childcare and transportation options. This would include increased training, certification, and licensing options for adults providing services in these programs.
- Create a central resource agency that has representatives at high traffic locations (e.g., health clinics, stores, childcare facilities) that provides education about the value of early intervention and education for young children, identifies young children and families who may need additional assistance and services, allows parents to learn about options for services and select services that meet families' and children's needs, helps parents navigate the system—including enrolling, completing screening processes, getting to appointments with adequate transportation and childcare, etc., and ensure children's needs are met. A critical responsibility of this agency would be to find ways to share information about children and families among agencies while upholding privacy laws.
- Increase access to information in a variety of formats (i.e., phone, print, radio/TV, word of mouth, door-to-door canvassing). With language and literacy barriers, disinterest in services for children who are not yet school age, as well as transportation

and childcare problems, accessing information, knowing what to do with it, and knowing how to do it are challenges that require more direct assistance.

- Increase availability and ease of access to of most of the existing programs, but particularly those that focus on childcare, transportation, services to children with special needs, early intervention, culture and language programs, health care, preK, teen and adult education, parenting education and support for extended family who are raising children (including respite care), employment assistance, teen pregnancy and parenting education, and legal assistance (i.e., for incarceration, divorce/custody issues, bankruptcies, and substance abuse).
- Continue to fund existing programs with FTF funds and through other funding sources, and address sustainability issues to ensure that these valuable and well-regarded programs continue. Respondents suggested that planned growth with intentional processes for management and sustainability, as well as increased collaboration and communication among agencies and with families will be more important as the need for services continues to grow. Unanimously, respondents agreed that these programs are providing opportunities to young children and their families—opportunities that will increase academic and economic success, improve health, and create better-functioning families.
- Without FTF having that partnership, such a great program, we would be taking away from children and what they've been given, an opportunity to be part of that whole. It's a strong benefit for community. We're seeing things happen and that helps children.
- I am appreciative of the funding provided by FTF. I am glad to be able to help families that cooperate and take part in the programs. I appreciate that there is mental, physical, health, and education services all provided for families.
- FTF is doing good job. Making an impact within regions. I just wish everyone knew this was made possible by FTF.

# APPENDIX C

## ST. LUKE'S HEALTH INITIATIVES SURVEY RESULTS

In 2008, the Arizona Health Survey was completed by St. Luke's Health Initiatives. The survey included more than 4,000 households, which makes it one of the most extensive surveys ever undertaken in the state. The purpose of the survey was to help researchers, community leaders, and policy makers understand the health and well-being of Arizona citizens. The results can be used to create new opportunities for Arizona-specific policies, grants, planning, community engagement, and program development.

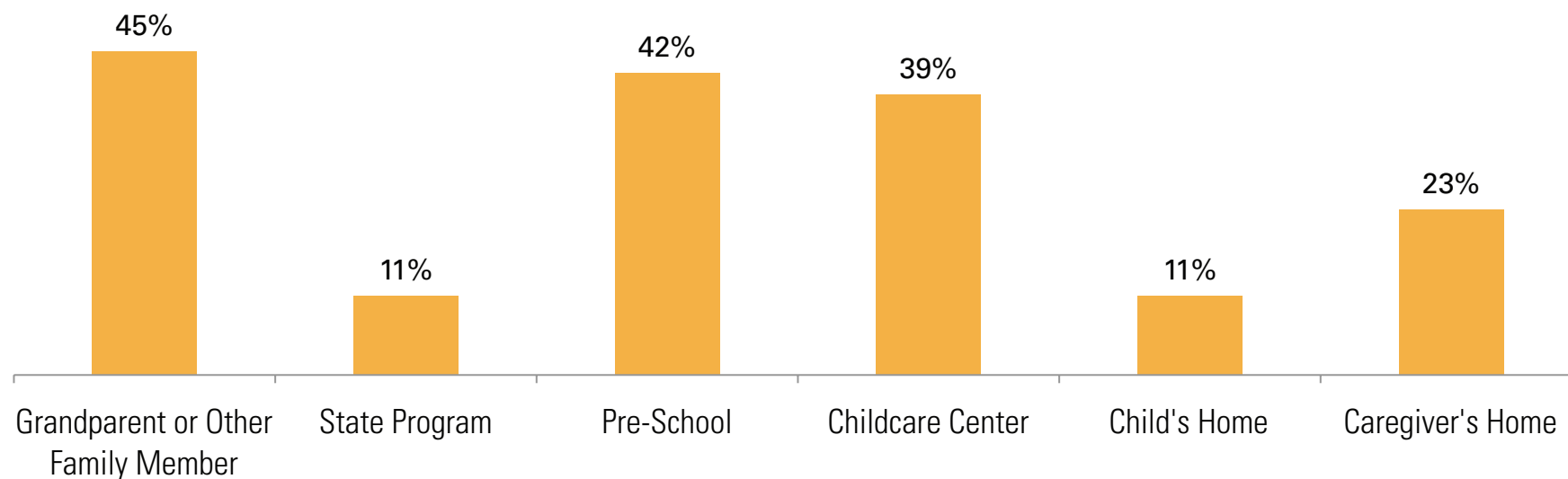
Our area of focus for this report is the child survey, which screened children between the ages of 0 and 12 years old. The adult member of the household with the most knowledge of the child's health was given the survey via telephone. Nearly 650 respondents answered this survey, primarily consisting of Maricopa County residents.

This section highlights a few of the survey questions and responses from these households with children.

## Childcare Providers for a Child in a Typical Week

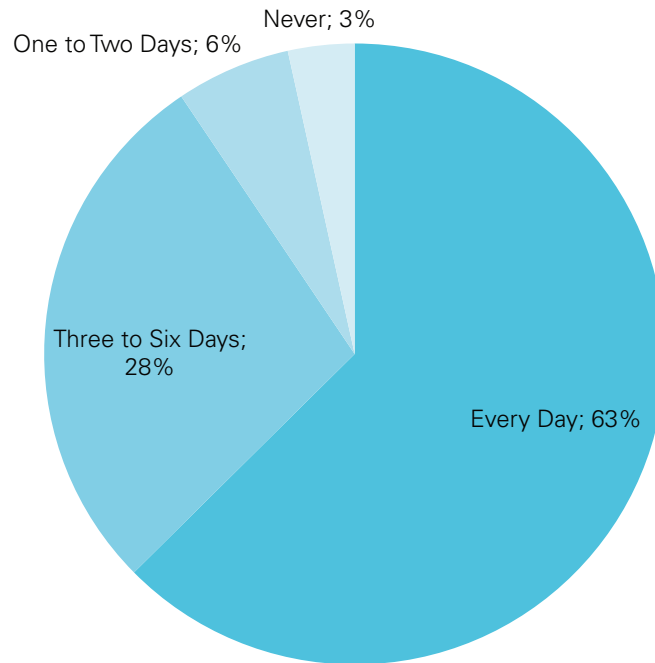
Respondents may choose more than one provider, so these numbers add to more than 100%.

Based on these survey results, the most common child care provider in a typical week was the child's grandparent or other family member. Close behind is the number of children who received care from a pre-school.



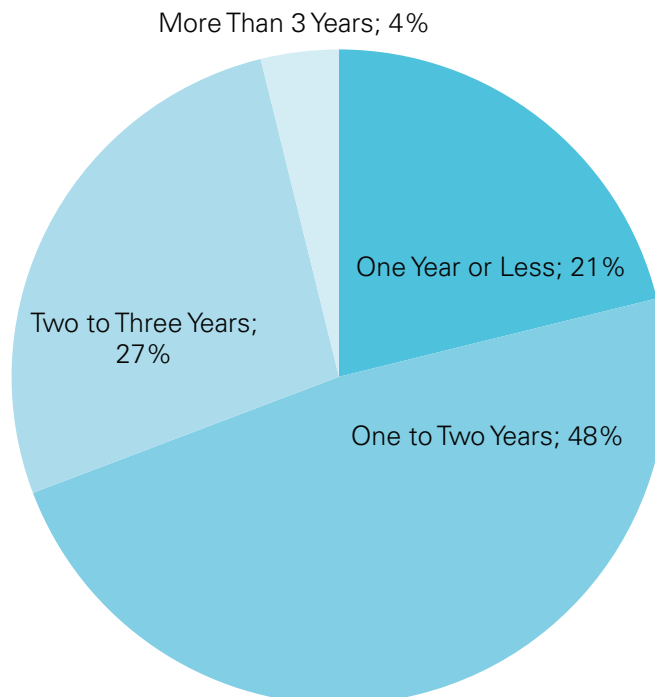
## Days Per Week You Read with Your Child

Studies have shown that reading to a child on a frequent basis is an important factor in their literary development. A majority of respondents reported reading to their child on a daily basis.



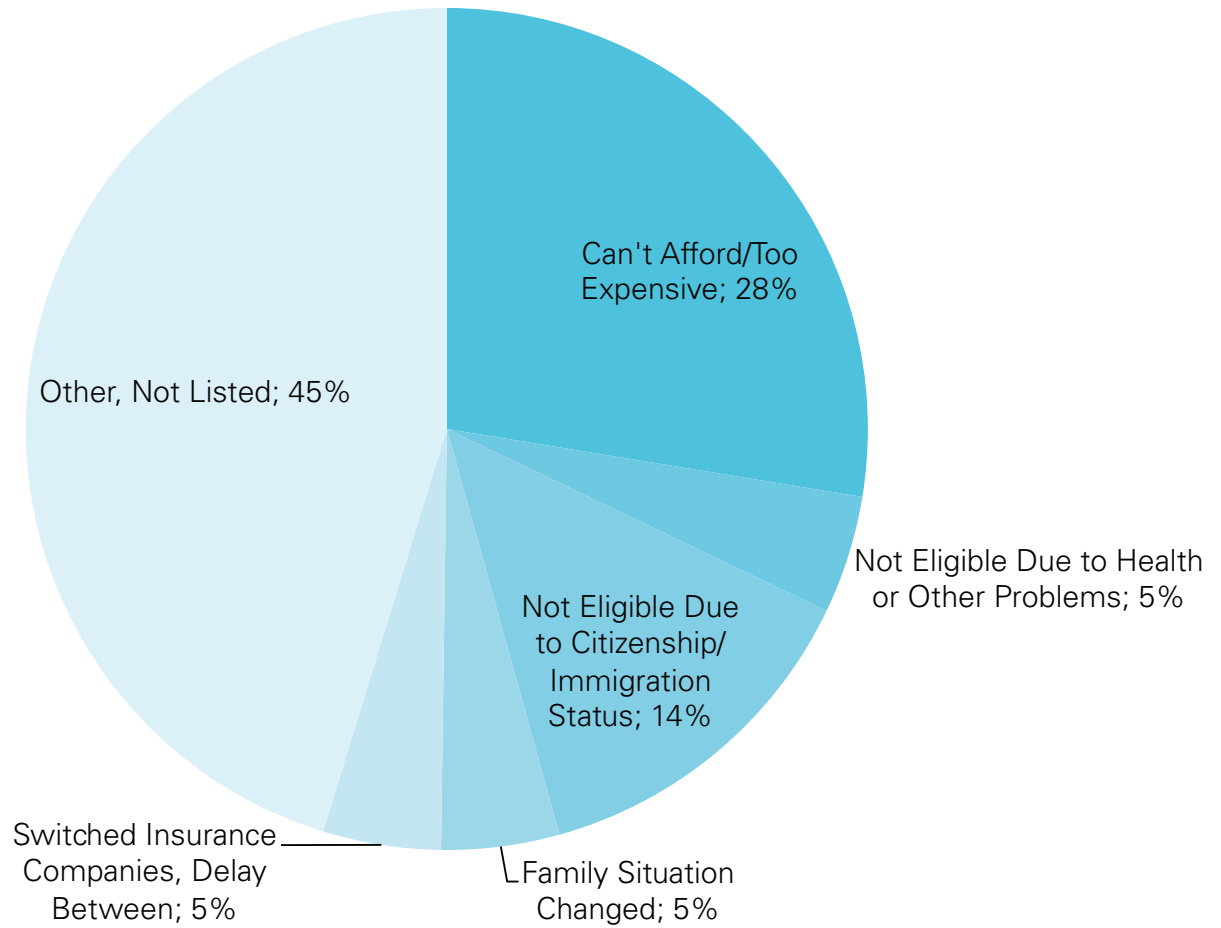
## Time Since Last Medical Doctor Visit

Slightly disturbing is the relatively high percentage of children who have not visited a medical doctor within the last two years. A yearly check up is important in identifying health problems the child may have developed.



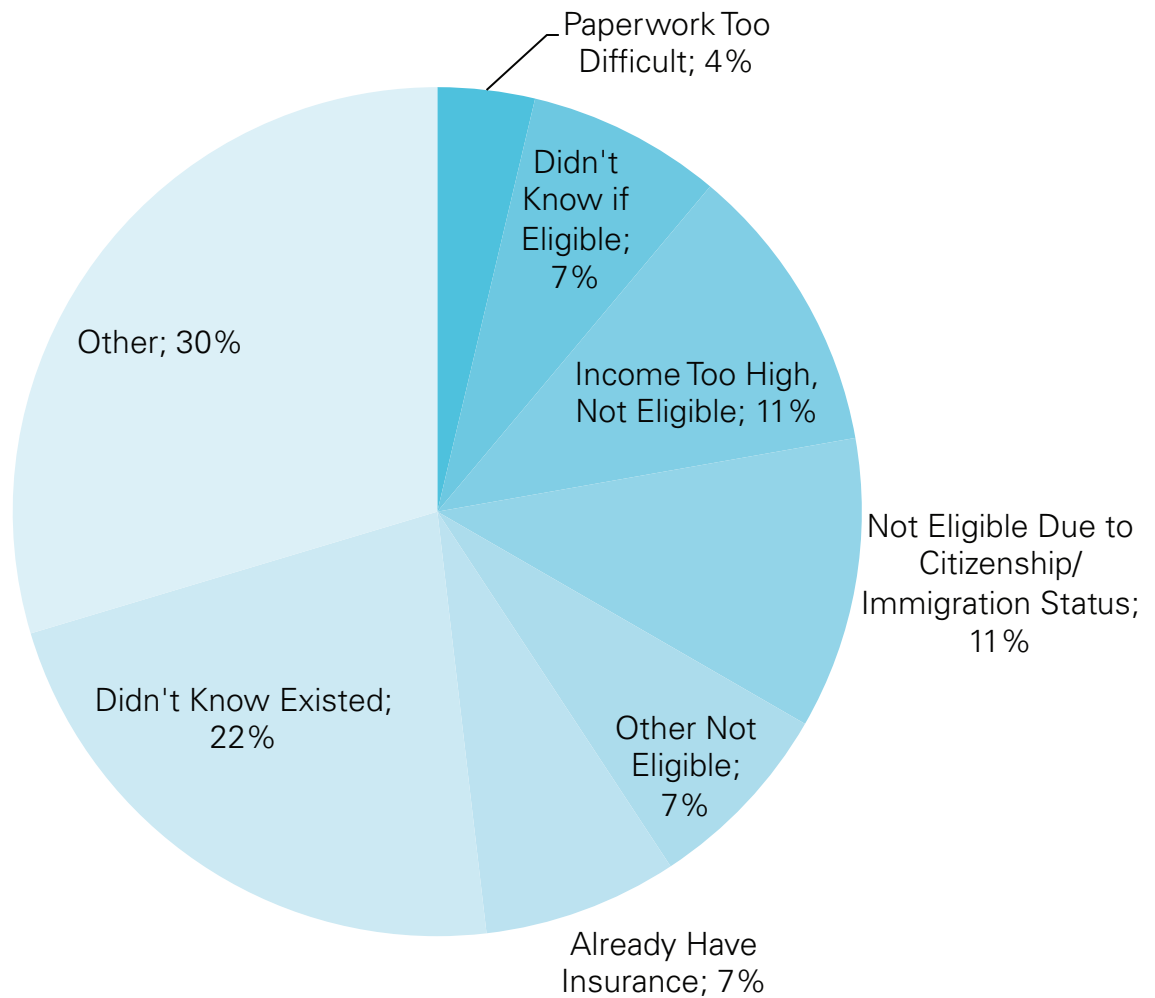
## Reason Child Does Not Have Health Insurance

One of the most common reasons for a child not being covered by some type of health insurance was that it was too expensive. This is important because it highlights the need for affordable health insurance options, like KidsCare.



## Reason Child is Not Enrolled in KidsCare

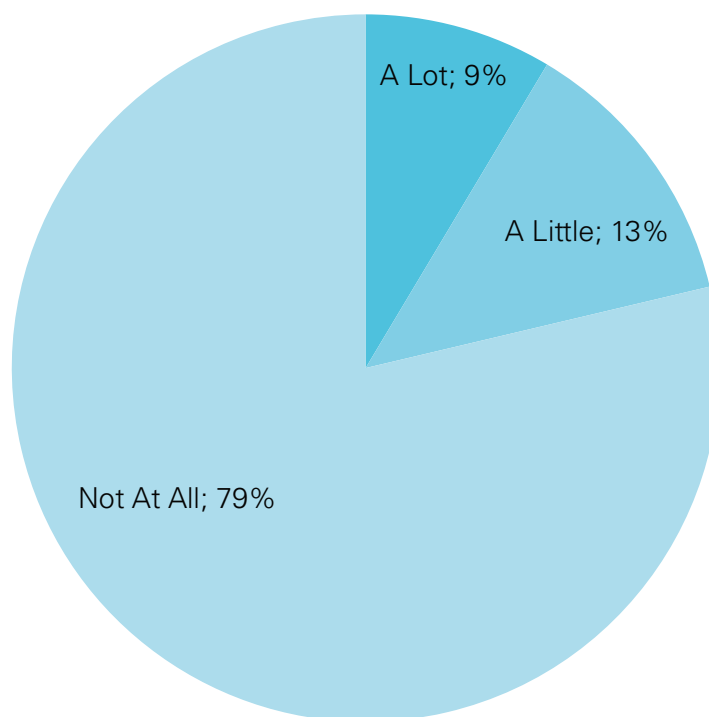
A relatively large percentage of children who were not enrolled in KidsCare had not been enrolled because their parent(s) didn't know the program existed. If the KidsCare program starts accepting applications again, this statistic verifies the importance of educating the public about this coverage.





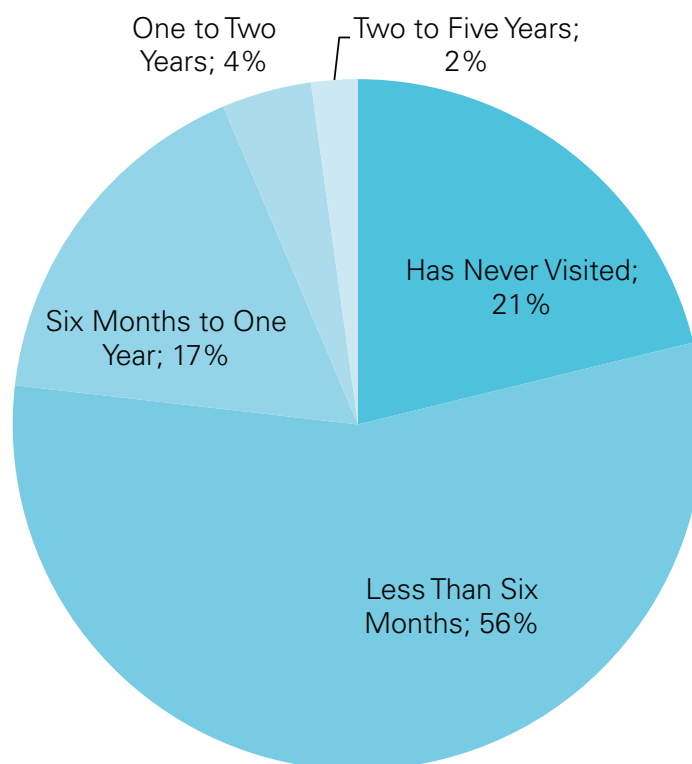
## Parents Concern About Their Child's Abilities Compared to Other Children Their Age

Most parents were not concerned at all about their child's abilities compared to other children their age. This does not necessarily mean all of those children are without problems; their parents may not recognize signs of developmental, behavioral or learning delays.



## Time Since Last Dental Clinic Visit

The majority of respondents stated that their child had visited the dentist in the last six months. A good sign considering that good dental care is important for overall child health. However, one out of five respondents said their child has never been to the dentist, putting those children at risk for a range of health problems.



## Reasons for Not Visiting the Dental Clinic

Of some concern is the rather large percentage of children who have not gone to the dentist because parents said their child was not old enough. The American Dental Association recommends that a child see the dentist for the first time within six months of the appearance of their first tooth or by their first birthday, whichever comes first.

